

520
2 7501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7501
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Reginald Contee Thomas			2. DATE OF DEATH August 9, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5514 Roland Ave.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 4 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 5514 Roland Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 9 1879	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Woodsman		10b. KIND OF BUSINESS OR INDUSTRY Camps	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Raleigh Colston Thomas			14. MOTHER'S MAIDEN NAME Mary Mc Donald		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Ferdinand C. Dugan Jr. 5514 Roland Ave		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary occlusion - acute DUE TO (B) Anteroselective cardiovascular disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 5-10 minutes 5-10 yrs.
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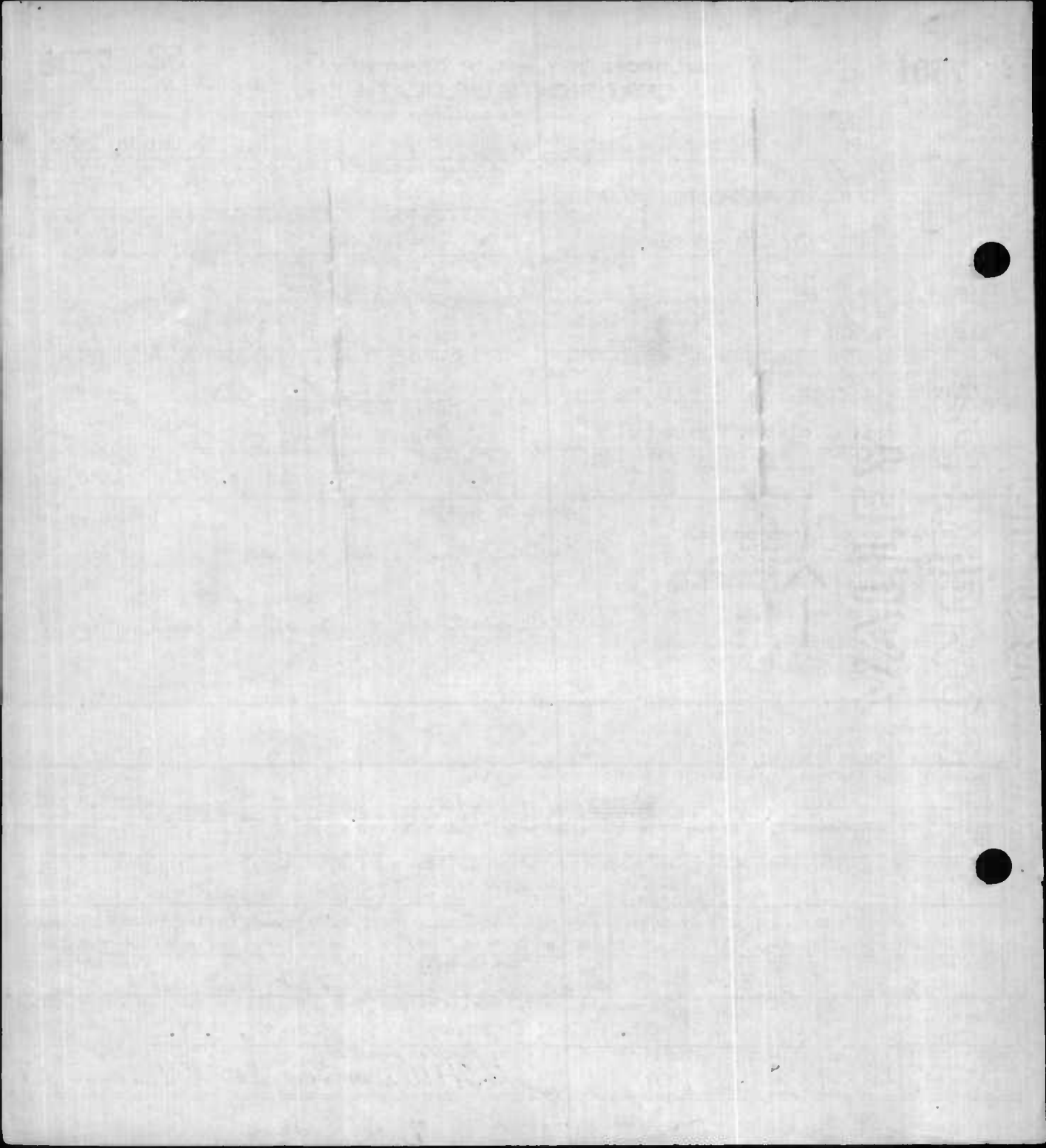
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19, to August 9, 1952, that I last saw the deceased alive on 15 July, 1952, and that death occurred at 4:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE John H. Heston Jr.	23b. ADDRESS 10 E. Preston St. Baltimore 8-11-52	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/12/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) Maspeth, N. Y.		(State)

DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR H. H. Weaver Son 805 N. Calvert St	ADDRESS
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530
7502BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7502
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) RAYMOND HANDY		2. DATE OF DEATH Aug 8th, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 654 W. Franklin St			
5. SEX M		6. COLOR OR RACE C		7. SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	
8. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		9. AGE (In years last birthday) 70		10. DATE OF BIRTH 1882 Mar. 22nd	
11. LENGTH OF STAY IN BALTIMORE		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. BIRTHPLACE (State or foreign country) Eastern Shore, Md	
14. FATHER'S NAME Elwen Handy		15. MOTHER'S MAIDEN NAME Louisa		16. SOCIAL SECURITY NO. 218-10-3012	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		18. SOCIAL SECURITY NO. 218-10-3012		19. INFORMANT ADDRESS Annette Monroe 654 W. Franklin	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho pneumonia		CAUSE OF DEATH (A) Broncho pneumonia DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
21. DATE OF OPERATION 7-11-52		22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) Aug 8th, 1952		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from July 31, 1952 to Aug 8, 1952 that I last saw the deceased alive on Aug 8th, 1952 , and that death occurred at 5:20 A.M. , from the causes and on the date stated above.		31. SIGNATURE Ray Poyor		32. ADDRESS University Hospital	
33. DATE SIGNED 8-8-52		34. NAME OF CEMETERY OR CREMATORY Mt. Auburn		35. LOCATION (City, town, or county) (State) Baltimore, Md	

MEDICAL CERTIFICATION

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-11-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md
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DATE RECEIVED BY LOCAL HEALTH DEPARTMENT AUG 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harold W. W. 512 (Cannock St.)	ADDRESS
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DEPARTMENT OF HEALTH

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52 7503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7503

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE J. Crowden

2. DATE
OF
DEATH

AUG 4 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lutherville

D. STREET ADDRESS (If rural, give location)

Bellona Ave

5300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

colored

W.

8. DATE OF BIRTH

9-13-86

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 334x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Respiratory failure

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

? Cerebral arteriosclerosis

unknown

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

4 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25-1952 to 8-4-1952, that I last saw the
deceased alive on 8-4-1952 and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 11 1952

Huntington Williams, M.D.

Baltimore City Health Department

1900

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death		Cause of Death		Signature of Physician		Signature of Registrar	
John Doe		45		Male		White		Jan 15, 1900		New York City		Heart Disease		J. Smith		A. Jones	
Occupation		Residence		Marital Status		Religion		Burial Place		Time of Death		Manner of Death		Signature of Coroner		Signature of Undertaker	
Teacher		123 Main St		Married		Catholic		St. Mary's		10:00 AM		Natural		B. Green		C. White	
Date of Birth		Place of Birth		Date of Admission		Date of Discharge		Date of Death		Time of Death		Manner of Death		Signature of Coroner		Signature of Undertaker	
Jan 1, 1855		New York		Jan 1, 1895		Jan 1, 1895		Jan 15, 1900		10:00 AM		Natural		B. Green		C. White	

263
2 7504BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7504

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL RICHARDSON		2. DATE OF DEATH 8 Aug. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL COMBARD + GREENE BALTIMORE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 60 Yrs. Mos. Days.		D. STREET ADDRESS (If rural, give location) 1002 W. BALTIMORE ST	
5. SEX Male	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Aug. 20, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10B. KIND OF BUSINESS OR INDUSTRY BARBER	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME SAMUEL N. RICHARDSON		14. MOTHER'S MAIDEN NAME GRACE WEEDON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-14-2799	
17. INFORMANT Mrs. Elizabeth Kirk,		ADDRESS 3604 Patterson Ave. Lochearn, Balto-7, Md.	

18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIAC FAILURE DUE TO CA OF OESOPHAGOS	CAUSE OF DEATH CARDIAC FAILURE CA OF OESOPHAGOS	INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8 Aug 1952		19B. MAJOR FINDINGS OF OPERATION Ca of oesophagus		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8 Aug , 19 52 , to 8 Aug , 19 52 , that I last saw the deceased alive on 8 Aug , 19 52 , and that death occurred at 7:57 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Paul Tharrell		23B. ADDRESS Univ. Hosp. Balt. 7, Md		23C. DATE SIGNED 8 Aug 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 12, 1952		24C. NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery	
24D. LOCATION (City, town, or county) Annapolis, Md.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS 4510 Liberty Heights Ave.	

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⑤ W-630
2 7505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7505

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WARD, JAMES U.

2. DATE
OF
DEATH

AUG, 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

D. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Pasadena

D. STREET ADDRESS (If rural, give location)

Cedar Rd., Poplar Ridge 5200

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 21, 1898

9. AGE (In years last birthday)

53

10. CITIZEN OF WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR INDUSTRY

Gas & Electric Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

14. MOTHER'S MAIDEN NAME

Catherine Jane

13. FATHER'S NAME

Peter Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Genevieve Ward, Pasadena, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Occlusion

1 3/4 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 9, 1952 to , 19 , that I last saw the deceased alive on Aug 9, 19 52 and that death occurred at 4 45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

1129 St. Paul St

23C. DATE SIGNED

Aug 9, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Aug. 13/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 11 1952

Huntington Williams

Harry H. Lutzke 4101 Edmond

NOV 1955

THE UNIVERSITY OF CHICAGO

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CHICAGO, ILL.

LIBRARY

OF THE

UNIVERSITY OF CHICAGO

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(2) P-625
52 7506

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7506

1. NAME OF DECEASED (Type or Print) *Mary C. Presson* 2. DATE OF DEATH *8-8-1952*

3. PLACE OF DEATH: A. Baltimore City, Maryland *Baltimore* 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE *Maryland* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION *St. Agnes Hospital* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore, 5300*

D. STREET ADDRESS (If rural, give location) *637 Calverline Rd* c. Length of stay in Baltimore *99* Yrs. *None* Mths. *None* Days *None*

5. SEX *F.* 6. COLOR OR RACE *W.* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widow* 8. DATE OF BIRTH *Sept. 17, 1872* 9. AGE (in years last birthday) *79* 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *St. W.* 10B. KIND OF BUSINESS OR INDUSTRY *Own Home* 11. BIRTHPLACE (State or foreign country) *Maryland* 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Charles H. Griffith* 14. MOTHER'S MAIDEN NAME *Hester Dorsey*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. *Miss Lillian E. Presson, 637 Calverline Rd.*

18. *151X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH

(A) *Adeno-carcinoma of 6 mos. Stomach with Metastases* DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *Uremia + Generalized Osteoporosis*

19A. DATE OF OPERATION *7-14-52* 19B. MAJOR FINDINGS OF OPERATION *Inoperable carcinoma of stomach* 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-5*, 19*52* to *8/8*, 19*52* that I last saw the deceased alive on *8/8*, 19*52*, and that death occurred at *12:30* m., from the causes and on the date stated above.

23A. SIGNATURE *Stephen R. Paduonis* M. D. 23B. ADDRESS *St. Agnes Hospital* 23C. DATE SIGNED *8/15/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Aug. 11/52* 24C. NAME OF CEMETERY OR CREMATORY *Lawson* 24D. LOCATION (City, town, or county) *Laurel, 29th Md.*

DATE RECEIVED BY LOCAL REGISTRAR *AUG 11 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* FUNERAL DIRECTOR *Harry A. Lutzke* ADDRESS *4101 Edmondson*

VS 150 19520007503

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7507
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS. Cecelia M. PHILLIPS		2. DATE OF DEATH 8-10-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - 1812-02	
C. Length of stay in Baltimore LIFETIME		D. STREET ADDRESS (If rural, give location) 3030 BARCLAY STREET	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-10-1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (in years last birthday) 61
13. FATHER'S NAME GEORGE ROGERS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. ?	
11. BIRTHPLACE (State or foreign country) MARYLAND		14. MOTHER'S MAIDEN NAME ROSE GAHNS	
17. INFORMANT (DAUGHTER)		ADDRESS 1217 UNION AVE. BALT.	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Metastatic carcinoma of lung DUE TO (B) Carcinoma of breast DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 6 mos. 4 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8-9-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-9-52 , to 8-10-52 , that I last saw the deceased alive on 8-10-1952 , and that death occurred at 5:35 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Georgia Benjamins		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 8/10/52	
24A. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24B. DATE Aug 13 1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Chenoweth		24H. ADDRESS 3615 Chesnut Ave.		24I. 19520007504	

Be-6024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 7508BIRTH NO. 75081. NAME OF DECEASED
(Type or Print)ELIZABETH R LEE2. DATE
OF
DEATH8/9/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Balto. Md.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

5642 Alhambra Ave.b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONSt. Agnes Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 12. Md.

D. STREET ADDRESS (If rural, give location)

27-48

Length of stay in Baltimore

LifeYrs.
Mos.
Days

SEX

F.

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

June 16, 19199. AGE (In years
last birthday)33If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Walter S. Burgess

11. BIRTHPLACE (State or foreign country)

Balto. Md.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

14. MOTHER'S MAIDEN NAME

Nora K. Bargar15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William (Armi) Lee18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cranio cerebral

DUE TO

Injury

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)STREET21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?3100 Block Frederick Rd21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY8-5-52 11:45 m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian Hit by Auto22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

8/10/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BurialHuntington Williams, Md.Paul E. ChonawethCloudlawn Md

VS 151

N 803.219520003615 Chesnut Ave., Balto. Md.

MEDICAL CERTIFICATION

8/4/20
The following is a list of the names of the persons who have been admitted to the membership of the Society since the last meeting.

Mr. J. H. Smith
Mr. W. E. Jones
Mr. R. L. Brown

Mr. T. G. White
Mr. C. D. Green

Mr. F. M. Black
Mr. S. P. Grey
Mr. L. K. Blue

Mr. H. J. Red
Mr. M. A. Yellow

Mr. N. B. Purple
Mr. O. C. Pink

Mr. P. D. Brown
Mr. Q. E. Green

Mr. R. F. White
Mr. S. G. Black

Mr. T. H. Grey
Mr. U. I. Blue

Mr. V. J. Red
Mr. W. K. Yellow

520
7509

JONES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7509
Registered No.

1. NAME OF DECEASED (Type or Print) <u>JAMES JONES</u>		2. DATE OF DEATH <u>August 7, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, in institution: residence before admission) A. STATE <u>md.</u> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>15-06</u>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>2921 Westwood Ave.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-1-75</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>Va.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Elizabeth Harris</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Hall</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes, no or unknown</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	
18. <u>170X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cholemic</u> DUE TO <u>Biliary obstruction</u> DUE TO <u>widespread metastases from carcinoma of breast</u> DUE TO <u>Hypertensive Arteriosclerotic C. V. Disease 32 years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>1 yr</u> <u>2 years</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>6-20</u> , 1952, to <u>8-7</u> , 1952, that I last saw the deceased alive on <u>8-7</u> , 1952, and that death occurred at <u>7:20 P.M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Richard K. Leber</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		24B. DATE <u>8/11/52</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>My Calvary Cem. A. A. Co.</u>		24D. LOCATION (City, town, or county) (State) <u>md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 11 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
FUNERAL DIRECTOR <u>Rayner Sanders</u>		ADDRESS <u>727 E. Preston St</u>	

MEDICAL CERTIFICATION

[Faint, illegible text, likely bleed-through from the reverse side of the page]

-320
2 7510BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7510

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Caroline Mary Kotz</i>		2. DATE OF DEATH <i>August 10, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore (Yrs. Mos. Days)		D. STREET ADDRESS (If rural, give location) <i>631 E. 30th St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 9, 1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housew. Sc.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (in years last birthday) <i>79</i>
11. BIRTHPLACE (State or foreign country) <i>Johnstown, Penna</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
13. FATHER'S NAME <i>Francis X. Boxler</i>		14. MOTHER'S MAIDEN NAME <i>Mary Shoemaker</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs. MARCELLE WELK</i>		ADDRESS <i>3845 Falls Road</i>	
18. <i>422.1 and 170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Acute congestive heart failure with pulmonary edema</i> DUE TO (B) <i>Arteriosclerotic Heart failure</i> DUE TO (C) <i>-</i>		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Carcinoma of the breast, left with metastasis.</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 10</i> , 1952, to <i>Aug 10</i> , 1952, that I last saw the deceased alive on <i>Aug 10</i> , 1952, and that death occurred at <i>8:45 A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Alfred G. Ossman Jr.</i>		23B. ADDRESS <i>2800 E. Chase St. Balto-13</i>	
23C. DATE SIGNED <i>Aug 10, 1952</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug 13-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Frank H. Seitz</i>		ADDRESS	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7511

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) George Blanchard			2. DATE OF DEATH 8-10-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY 26-12		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) No home address- B. C. H. Infirmary.		
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	10. DATE OF BIRTH Feb. 21, 1871		11. AGE (In years last birthday) 81
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver			13. BIRTHPLACE (State or foreign country) Md.		14. CITIZEN OF WHAT COUNTRY?
15. KIND OF BUSINESS OR INDUSTRY Potato Chip Co			16. MOTHER'S MAIDEN NAME Elizabeth I		
17. FATHER'S NAME James Blanchard			18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		
19. SOCIAL SECURITY NO.			20. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

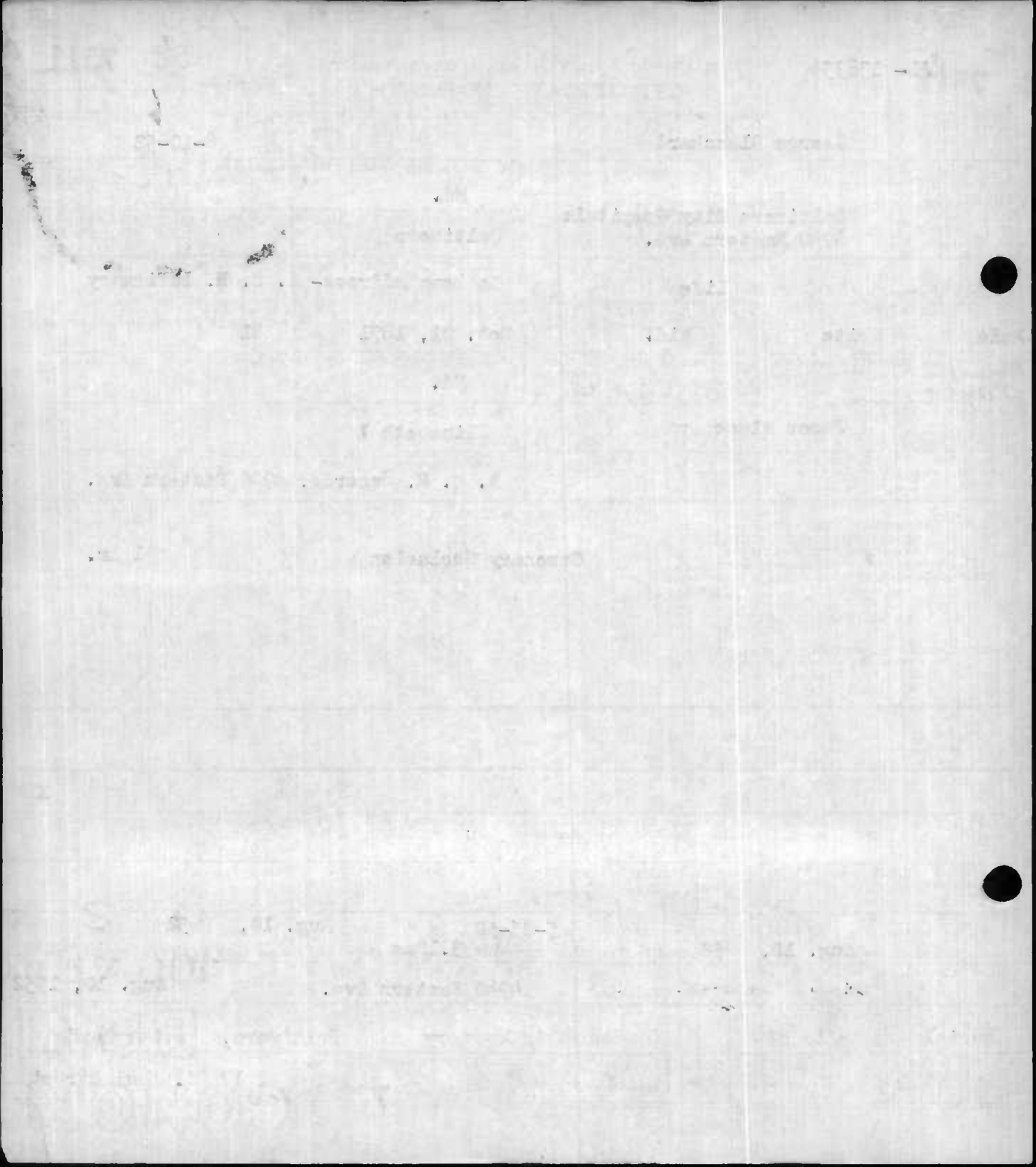
22. I hereby certify that I attended the deceased from **5-25-50**, 19**50**, to **Aug. 10, 1952**, that I last saw the deceased alive on **Aug. 10, 1952**, and that death occurred at **3.10am**, from the causes and on the date stated above.

23A. SIGNATURE T. S. Cloger	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED Aug. 10, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 8/13/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
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DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Boyle & Co.	ADDRESS 1217 St. Paul Street
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MEDICAL CERTIFICATION



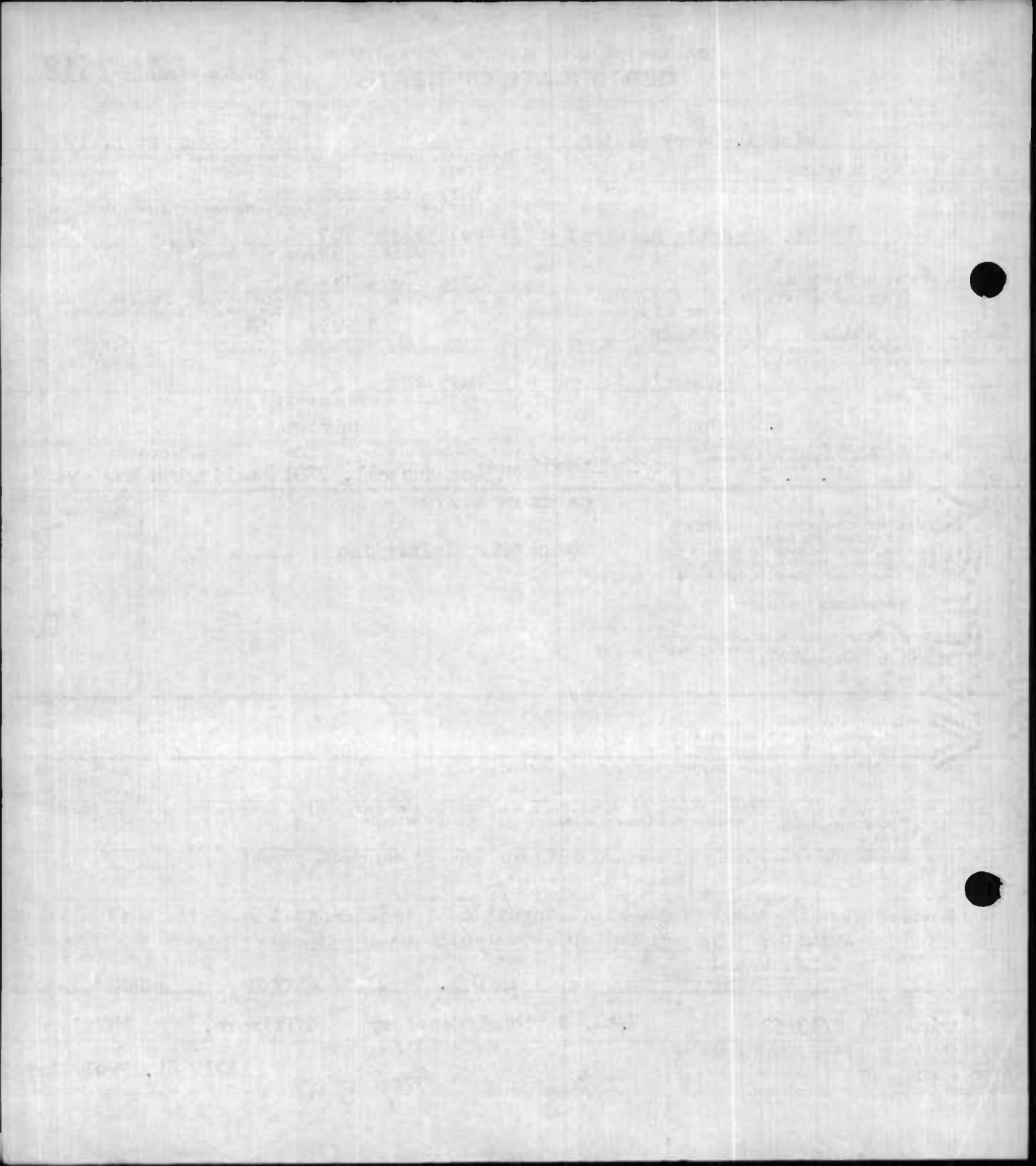
240
7512
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7512

1. NAME OF DECEASED (Type or Print) Michel, Henry Milton			2. DATE OF DEATH August 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore #17		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 11-04		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1217 Eutaw Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1894	9. AGE (In years last birthday) 58	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10B. KIND OF BUSINESS OR INDUSTRY Wedeman's Bakery		
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO. 225-10-1972		
17. INFORMANT Milton Russell			ADDRESS 2801 Washington Boulevard		
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial infarction DUE TO					INTERVAL BETWEEN ONSET AND DEATH
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 6, 1952 to August 7, 1952, that I last saw the deceased alive on August 7, 1952, and that death occurred at 6:40 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Carlston P.			23B. ADDRESS 1100 N. Caroline Street		23C. DATE SIGNED August 7, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial			24B. DATE 8/13/52		
24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery			24D. LOCATION (City, town, or county) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952			REGISTRAR'S SIGNATURE Huntington Williams, M.D. 1217 St. Paul Street		
FUNERAL DIRECTOR Wm. Cook, Inc.			ADDRESS 1217 St. Paul Street		

49044



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7513**

BIRTH NO. 7513

1. NAME OF DECEASED (Type or Print) IDA V. GREER			2. DATE OF DEATH Aug. 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 414 N. Exeter St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 414 N. Exeter St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Apr. 2, 1872		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Howard Reynolds			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Mary Craven, 414 N. Exeter St.		

18. 450.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Bangover of left leg. DUE TO (B) Arteriosclerosis obliterans. DUE TO (C) Acute Bronchopneumonia	INTERVAL BETWEEN ONSET AND DEATH
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8/12/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/2 , 19 52 , to 8/8 , 19 52 , that I last saw the deceased alive on 8/8 , 19 52 and that death occurred at 6 A m., from the causes and on the date stated above.					
23A. SIGNATURE G. L. Hornstein		23B. ADDRESS 204 E. Biddle St		23C. DATE SIGNED 8/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/12/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
				24D. LOCATION (City, town, or county) (State) Parkville, Md.	

DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 1214 S. Cal St	
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SEPT 28

STATE OF CALIFORNIA

1911

1911

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7514**

BIRTH NO. **624 7514**

1. NAME OF DECEASED (Type or Print) NORVAL MARSHALL		2. DATE OF DEATH 8/9/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1327 Edmondson ave	
5. SEX Male	6. COLOR OF RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Oct. 22, 1924
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Safes		10B. KIND OF BUSINESS OR INDUSTRY On Gen.	
13. FATHER'S NAME Samuel B. Marshall		14. MOTHER'S MAIDEN NAME Anna Katherine Adderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) Yes (If yes, give way or dates of service) War #2		16. SOCIAL SECURITY NO.	
		17. INFORMANT Nelen Marshall & 19 Wally of	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 420.0 and 322.0		CAUSE OF DEATH ARTERIOSCLEROTIC		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO Heart Disease		
		DUE TO Acute Alcoholism		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER R. S. Fisher M.D.		23C. DATE SIGNED 8/10/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-14-52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Nat.	24D. LOCATION (City, town, or county) (State) Baltimore Md	

DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	MUNERAL DIRECTOR Elroy Wilson	ADDRESS 1000 Beautygave
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MEDICAL CERTIFICATION

NET 32

STATE OF TEXAS
COUNTY OF DALLAS

NET 32

12/18/18

12/18/18

12/18/18

[Faint, illegible text throughout the page, likely bleed-through from the reverse side. Some words like "STATE OF TEXAS" and "COUNTY OF DALLAS" are visible.]

163
7515BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7515

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE P. EIFORD

2. DATE
OF
DEATH

AUG 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ of Maryland Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

before admission)

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3004 M^{rs} ELDERY ST

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

1878-June 28

9. AGE (In years

last birthday)

74

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - AMERICAN ICE

10B. KIND OF BUSINESS OR INDUSTRY

Ice

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Eiford

14. MOTHER'S MAIDEN NAME

Katherine Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

16. SOCIAL

SECURITY NO.

17. INFORMANT

Mrs Katherine Vogel - 6307 Bopwood

ADDRESS

18. 296 X I

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ideopathic purpura

3 mo.

DUE TO Portal cirrhosis

(B) Benign Prostatic hypertrophy

DUE TO Arteriosclerotic CVD

(C) Perineal abscess, right

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Indirect inguinal hernia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1952, to Aug. 10, 1952, that I last saw the deceased alive on Aug. 9, 1952, and that death occurred at 8⁰⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

Clarence E. Stennett

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Aug. 11, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/13/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Luck

ADDRESS

5305 Maryland Rd

"Idiopathic purpura" was re by (see Document File 52-7515)
in answer to query for underlying cause of death.
10/2/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7516

530
2 7516
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie M. Smith

2. DATE
OF
DEATH

Aug 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Middle River
Route 1 Box 46 5254

Length of stay in Baltimore

5. SEX Female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 6-25-03 9. AGE (In years last birthday) 49 10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shopper

10B. KIND OF BUSINESS OR INDUSTRY

grocery & Blackburg

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Arthur

13. FATHER'S NAME

Donnelly

14. MOTHER'S MAIDEN NAME

Anna Keiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 624X I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Pentonitis 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ruptured tubo-ovarian abscess

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 8-5-52 19B. MAJOR FINDINGS OF OPERATION Generalized purulent peritonitis 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1952, to 8/8, 1952, that I last saw the deceased alive on 8/8, 1952, and that death occurred at 3:09 p. m., from the causes and on the date stated above.

23A. SIGNATURE Robert P. ... M. D. 23B. ADDRESS JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED 8/8/52

24A. BURIAL, CREMATION REMOVAL (Specify) 24B. DATE Aug 12/52 24C. NAME OF CEMETERY OR CREMATORY Trinity ... 24D. LOCATION (City, town, or county) (State) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952 REGISTRAR'S SIGNATURE Huntington Williams, M. D. FUNERAL DIRECTOR Philip H. ... ADDRESS 2024 Orleans

VS 150 6590242

100

CERTIFICATE OF DEATH

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216

52 7517
BIRTH NO. 32-16837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7517
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Osborne</i>		2. DATE OF DEATH <i>7/27/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp of md</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonsville 28</i>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>5 Hilltop Rd 5352</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>7/27/52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days <i>13 41</i>
11. BIRTHPLACE (State or foreign country) <i>Lutheran Hosp of md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Eugene Fielding Osborne</i>		14. MOTHER'S MAIDEN NAME <i>Jennye Alice Gladding</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mother</i>		ADDRESS <i>Same</i>	

18. <i>776x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Premature</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/27</i> , 19 <i>52</i> , to <i>7/27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>7/27</i> , 19 <i>52</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J.P. Weyman</i>		M. D.		23B. ADDRESS	
23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>		24D. LOCATION (City, town, or county) (State) <i>JUL 31 1952</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>06/11/52</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	
ADDRESS					

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of church		22. Signature of school		23. Signature of business		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

250

52 7518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7518

Registered No. _____

BIRTH NO. 52-16987

1. NAME OF DECEASED (Type or Print) <i>Jade</i>		2. DATE OF DEATH <i>7-26-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Anne Arundel</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Provi dent Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural - Furnace Branch</i>	
6. LENGTH OF STAY IN BALTIMORE <i>1 hr.</i>		D. STREET ADDRESS (If rural, give location) <i>Box 398 Rt-2 5200</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>7-26-52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>59</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Balto, md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Argent Claymore Jackson</i>		14. MOTHER'S MAIDEN NAME <i>Magdalene Matthews</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mother</i>		ADDRESS <i>Same address</i>	

18. <i>762.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congenital HTelectasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>7/26</i> 19 <i>52</i> to <i>7/26</i> 19 <i>52</i> that I last saw the deceased alive on <i>7/26</i> 19 <i>52</i> , and that death occurred at <i>8:57 P.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Harold P. ...</i>		23B. ADDRESS <i>1325 W. ...</i>		23C. DATE SIGNED <i>7/27/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 30 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, MD.</i>	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7519

Registered No.

BIRTH NO. 52 7519
52-16742

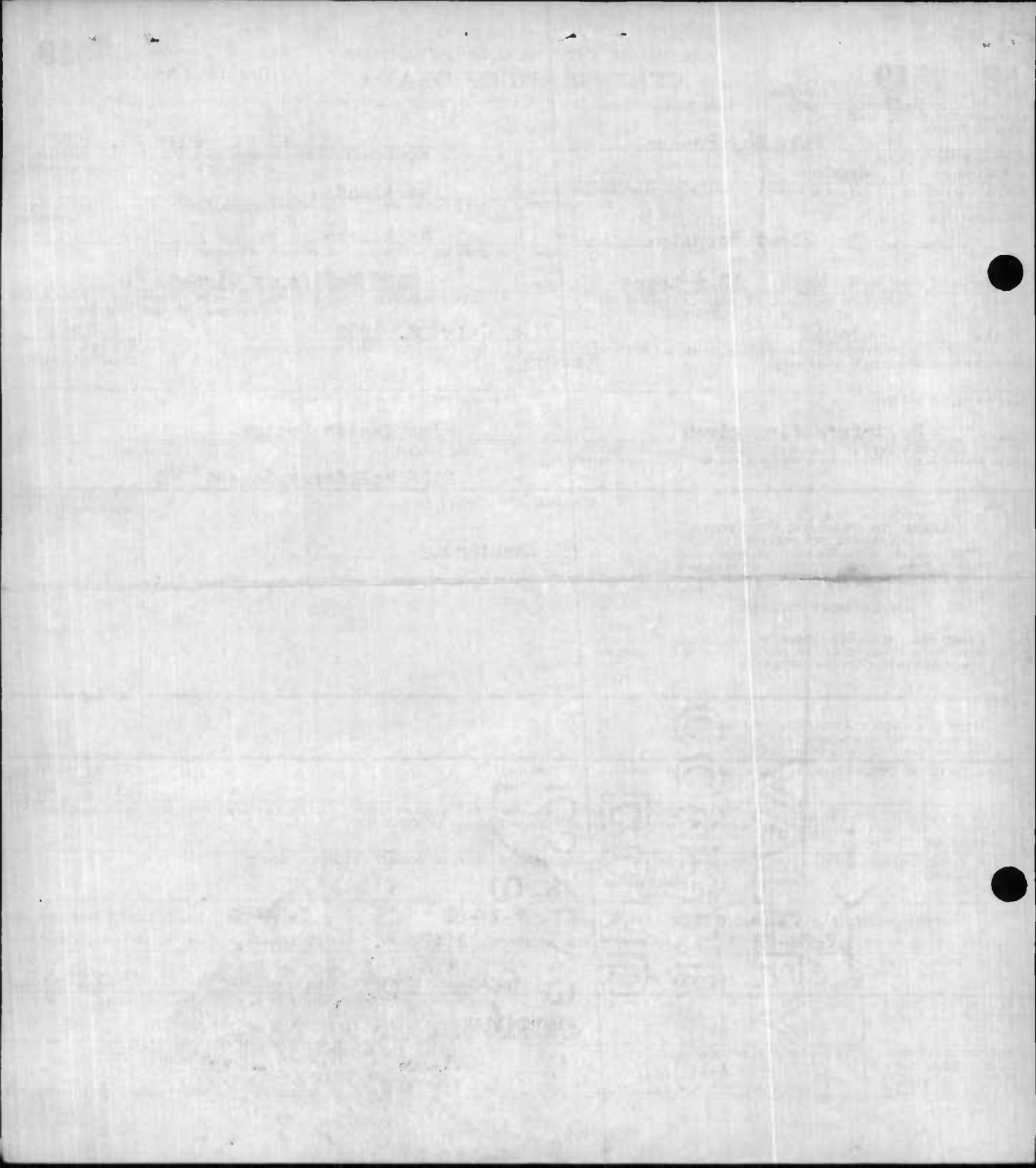
1. NAME OF DECEASED (Type or Print) Baby Boy Foster			2. DATE OF DEATH July 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-03		
D. STREET ADDRESS (If rural, give location) 2136 McElderry Street #5			E. LENGTH OF STAY IN BALTIMORE 12 1/2 hours		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 23, 1952	9. AGE (in years last birthday) 12 1/2	10. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME No. information given			14. MOTHER'S MAIDEN NAME Miss Jessie Foster		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT 2136 McElderry Street #5			ADDRESS		

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Invotarity		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(A) Invotarity	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-23-52 , 19__, to 7-24-52 , 19__, that I last saw the deceased alive on 7-24-52 , 19__, and that death occurred at 12:30 A. from the causes and on the date stated above.					
23A. SIGNATURE Paul C. Weinberg		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 7-25-52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
				JOHN HOPKINS MEDICAL SCHOOL		JUL 28 1952	
DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	

52-16742-7519



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7520
Registered No. 52 7520

52 7520
BIRTH NO. 52-16838

1. NAME OF DECEASED (Type or Print) <u>Baby Girl Osborne</u>		2. DATE OF DEATH <u>July 27, 1952</u>	
3. PLACE OF DEATH: a. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>md</u> b. COUNTY <u>Baltimore</u>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Lutheran Hosp of md</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Catonsville md</u>	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <u>5 Hilltop Rd</u> <u>5352</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>7/26/52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Balto md</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Eugene Fielding Osborne</u>		14. MOTHER'S MAIDEN NAME <u>Jennye Alice Gladding</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mother</u>		ADDRESS <u>Same</u>	

18. <u>776x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>(A) prematurity</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(B)</u> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>(C)</u>		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7/26</u> , 19 <u>52</u> to <u>7/27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7/27</u> , 19 <u>52</u> and that death occurred at <u> </u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>J. C. Weyman</u>		23B. ADDRESS M. O.		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 11 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>		25. FUNERAL DIRECTOR <u>John Hopkins Medical School</u>		ADDRESS <u>31 1952</u>	

52 7521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7521
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BABY GIRL GWENDOLYN RICHARDSON

2. DATE
OF
DEATH

July 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

12

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 653.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Septicemia due to streptococcus
anhemolyticus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

540207510

✓

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

7522

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Lay

2. DATE
OF
DEATH

July 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 756.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Intraperitoneal hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rupture of Cyst of Liver

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

July 14, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MINISTRY OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1953

1953

NAME OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL

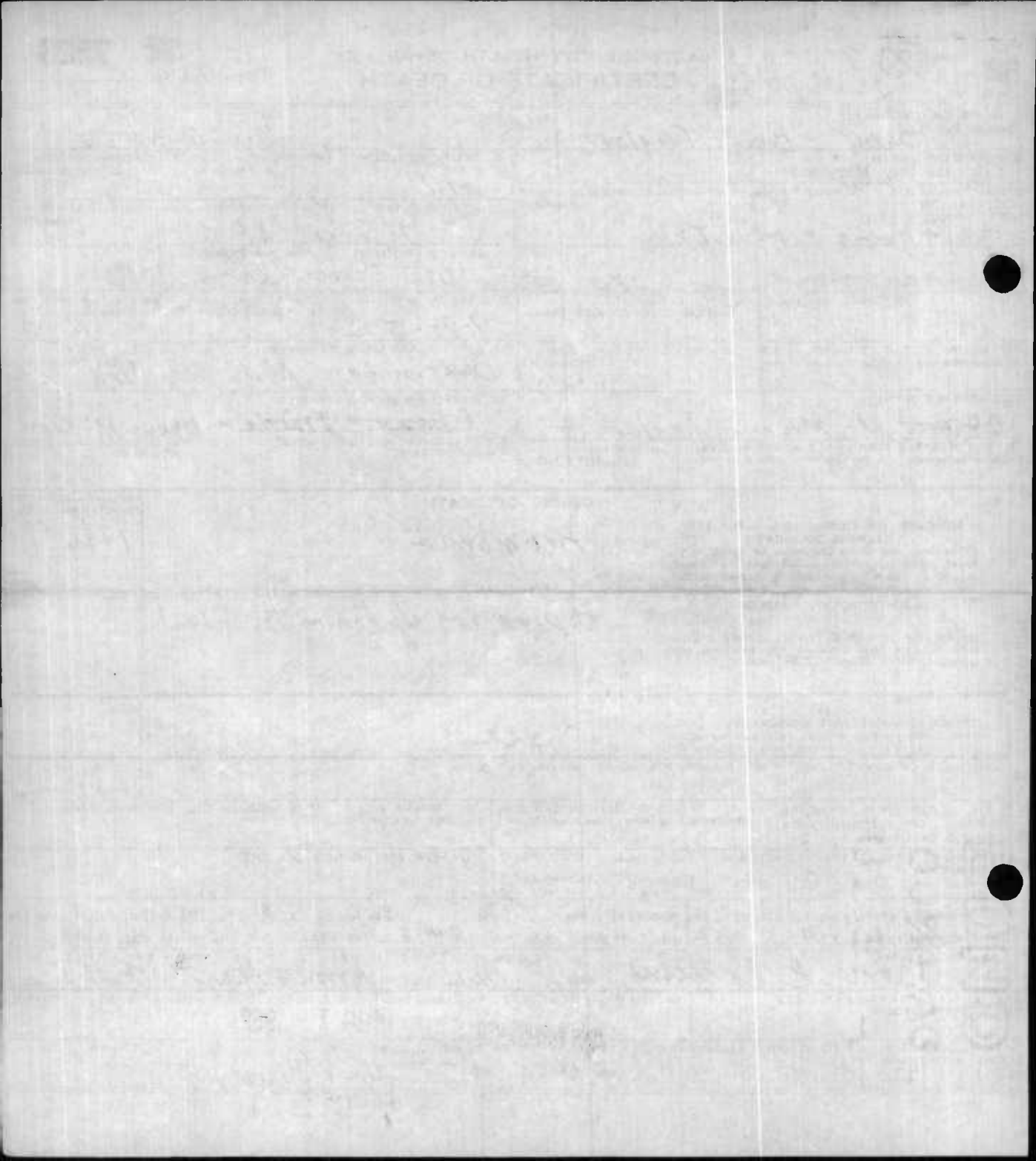
DATE OF BURIAL

PLACE OF BURIAL

1. NAME OF DECEASED (Type or Print) Baby Boy Taylor		2. DATE OF DEATH 7-31-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19 5200	
6. Length of stay in Baltimore 2 Yrs. 0 Mos. 0 Days		D. STREET ADDRESS (If rural, give location) 7015 River Drive Rd.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-30-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Mr. MELVIN Taylor		14. MOTHER'S MAIDEN NAME Clara Funder Nancy McKim	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS	

18. 763.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMONIA DUE TO Aspiration of Amniotic fluid.	CAUSE OF DEATH PREMONIA Aspiration of Amniotic fluid.	INTERVAL BETWEEN ONSET AND DEATH 18 hrs 51 min
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		

19A. DATE OF OPERATION 7-31-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-30 , 19 52 , to 7-31 , 19 52 ; that I last saw the deceased alive on 7-31 , 19 52 , and that death occurred at 4:45 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE Jack E Collins		23B. ADDRESS Church Home & Hosp.		23C. DATE SIGNED 7-31-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR Huntington Williams, MD	
				ADDRESS	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7524
Registered No. _____

52 7524
BIRTH NO. 52-76867

1. NAME OF DECEASED (Type or Print) <i>Baby Gene Prince</i>		2. DATE OF DEATH <i>July 26, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Md</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt-16-15-47</i>	
6. Length of stay in Baltimore 24 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2820 Windsor Mill Road</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>July 26, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>	9. AGE (in years last birthday) <i>39</i>
13. FATHER'S NAME <i>Roy Prince</i>		14. MOTHER'S MAIDEN NAME <i>Betty Elizabeth Miller</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Mother (Mrs Roy Prince)</i>		ADDRESS <i>2820 Windsor Mill Rd</i>	

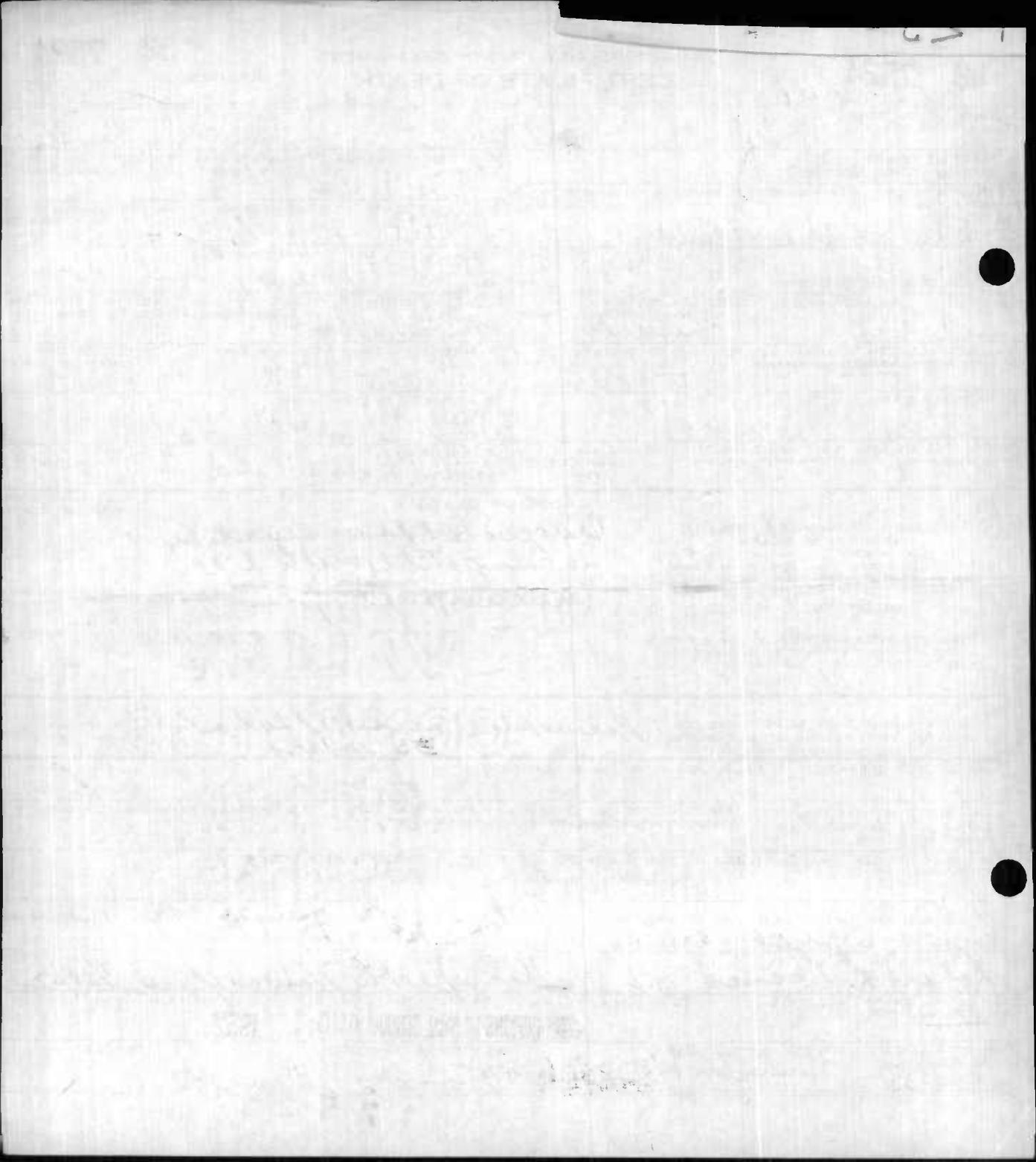
18. 750X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congenital abnormality incompatible with life (anencephaly)</i>		INTERVAL BETWEEN ONSET AND DEATH - - -
CAUSE OF DEATH (A) <i>incompatible with life (anencephaly)</i> DUE TO (B) _____ DUE TO (C) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Pneumonia onset of labor 33 weeks</i>		

19A. DATE OF OPERATION <i>7/26</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>July 26, 1952</i> to <i>July 26, 1952</i> that I last saw the deceased alive on <i>July 26, 1952</i> and that death occurred at <i>3:12 P.M.</i> , from the causes and on the date stated above.				
23. SIGNATURE <i>Robert F. Laczak M.D.</i>		23B. ADDRESS <i>Hosp for the Women of Md</i>		23C. DATE SIGNED <i>7/28/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	24D. LOCATION (City, town, or county) (State) <i>AUG 1 1952</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>

125-0007521-

MEDICAL CERTIFICATION



425

82-17164

52 7525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 7525
BIRTH NO. 162-17164

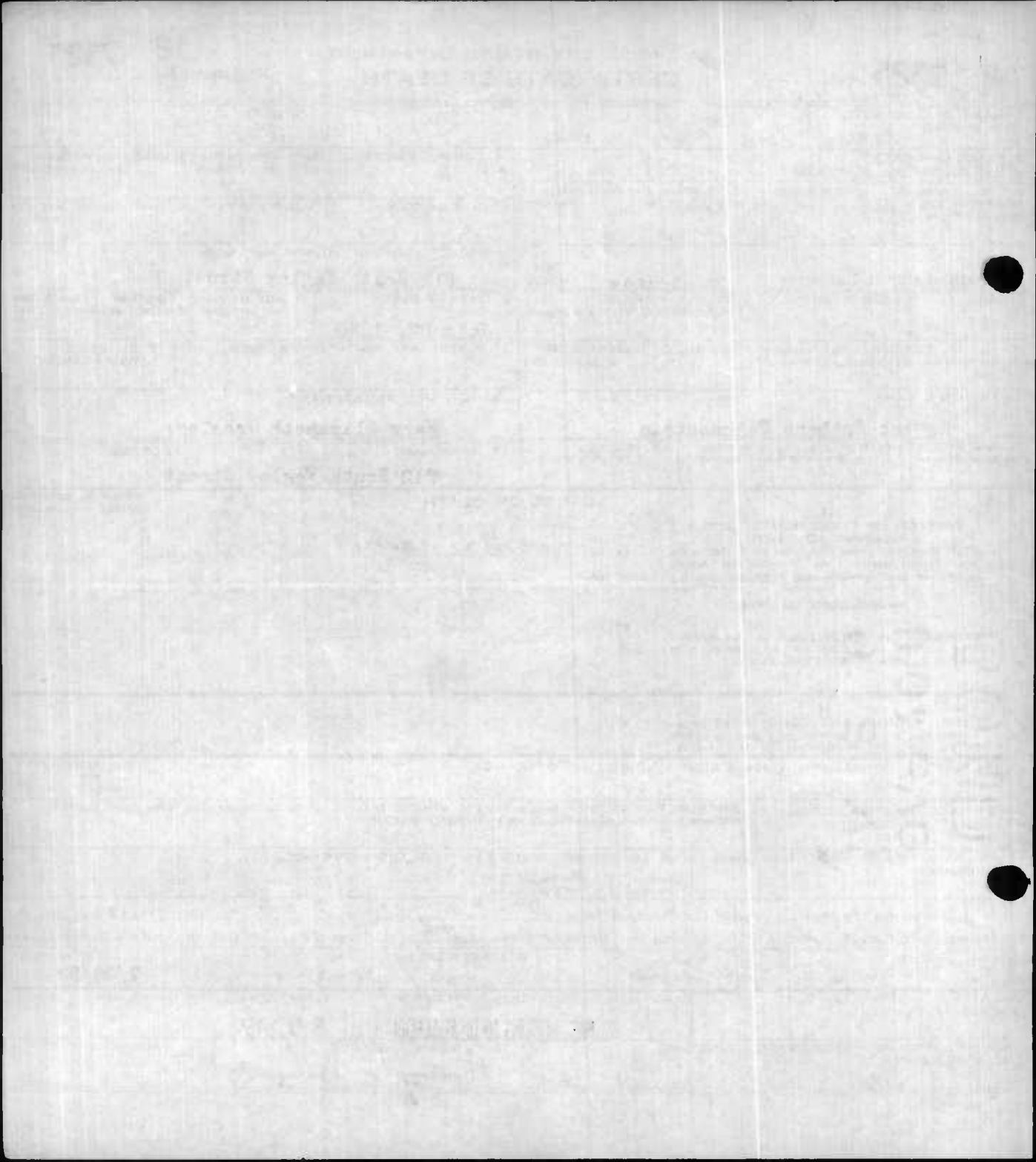
1. NAME OF DECEASED (Type or Print) BABY BOY FALKENSTEIN		2. DATE OF DEATH 7-27-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Sing. Hosp.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sing. Hospital INSTITUTION Baltimore, Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-09	
Length of stay in Baltimore 20 minutes Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 812 South Fagley Street #24	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH July 27, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 20	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME Robert Anthony Falkenstein		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Mary Elizabeth Greeley	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS 812 South Fagley Street	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Immaturity DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-27-52 19, to 7-27-52 19, that I last saw the deceased alive on 7-27-52 19, and that death occurred at 7:20 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Margaret L. Turner M. D.		23B. ADDRESS Sing. Hospital		23C. DATE SIGNED 7/29/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7526
Registered No.

BIRTH NO. 52-17646

1. NAME OF DECEASED
(Type or Print)

Balkum, Baby Boy

2. DATE
OF
DEATH

7/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Sinai Hospital

Length of stay in Baltimore

11 hrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

11-03

D. STREET ADDRESS (If rural, give location)

818 PARK AVE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

July 30, 1952

9. AGE (in years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

HERBERT BALKUM

14. MOTHER'S MAIDEN NAME

LEE RICH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

MOTHER

ADDRESS

818 PARK AVE. BALD

18. 776X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

11 hrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from July 30, 1952, to July 30, 1952, that I last saw the deceased alive on July 30, 1952 and that death occurred at 9⁰⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL AUG 4 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 11 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

2025

5

RECEIVED

2025



BALTIMORE CITY HEALTH DEPARTMENT		52 7527
CERTIFICATE OF DEATH		Registered No. _____
BIRTH NO. <u>52-17435</u>		
1. NAME OF DECEASED (Type or Print) <u>Baby Boy Matthews B</u>		2. DATE OF DEATH <u>July 30, 1952</u>
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>H.H.</u>
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Harmans</u>
C. Length of stay in Baltimore <u>1</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>6200</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>
8. DATE OF BIRTH <u>July 29, 1952</u>		9. AGE (In years last birthday) <u>1</u> Under 1 Year Months: Days: <u>1</u> Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Harry Matthews</u>		14. MOTHER'S MAIDEN NAME <u>Erdene Oliver</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT <u>Erdene Matthews</u>		ADDRESS
18. <u>762.5</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH
(A) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES		
(B) <u>Athletasia</u>		
DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>July 29, 1952</u> to <u>July 30, 1952</u> that I last saw the deceased alive on <u>July 30, 1952</u> and that death occurred at <u>11:42 P.M.</u> from the causes and on the date stated above.		
23A. SIGNATURE <u>Norbert Eckert</u>		23B. ADDRESS <u>University Hospital</u>
23C. DATE SIGNED <u>7/30/52</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>JOHN HOPKINS MEDICAL SCHOOL</u>
		24D. LOCATION (City, town, or county) <u>AUG 4, 1952</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 11 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>
		ADDRESS

250
52 7528BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7528

BIRTH NO. 52-17522

1. NAME OF DECEASED
(Type or Print)

BABY BOY MASON

2. DATE
OF
DEATH

8.1.52

3. PLACE OF DEATH: UNIVERSITY HOSPITAL
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 27-11D. STREET ADDRESS (If rural, give location)
405 Charter Oak 12

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7.31.52

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

State

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

RUEL MASON

14. MOTHER'S MAIDEN NAME

RITA 2 VINNY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ruel Mason

18. 760.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) INTRA-CRANIAL HAEMORRHAGE

25 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ASPHYXIA NEONATORUM

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.1, 1952, to 8.1, 1952, that I last saw the
deceased alive on 8.1, 1952, and that death occurred at 10:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

Ocheripor

M. D.

23B. ADDRESS

University Hospital
Baltimore 1MD

23C. DATE SIGNED

8.1.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL AUG 4 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 11 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

19520007525

CERTIFICATE OF DEATH

THIS CERTIFICATE IS VALID ONLY WHEN SIGNED BY A LICENSED PHYSICIAN

808

STATE OF NEW YORK

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52 7529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7529

BIRTH NO. 52-18420		1. NAME OF DECEASED (Type or Print) Baby Girl Gabrowski		2. DATE OF DEATH 7-30-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN D. STREET ADDRESS (If rural, give location)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OF MARYLAND Gen. Hosp.		2207 Hough St - Balto Md 1-05			
5. SEX Fe		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH 7-30-52	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		9. AGE (in years last birthday) Months: Days	
13. FATHER'S NAME Bernard Gabrowski		14. MOTHER'S MAIDEN NAME Irene Suduba		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		18. 761.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	

18. 761.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Premature Separation of the Placenta			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) Prematurity			

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-30, 1952 to 7-30, 1952, that I last saw the deceased alive on 7-30, 1952, and that death occurred at 1020 p.m., from the causes and on the date stated above.					
23A. SIGNATURE A. P. Vicente		23B. ADDRESS Maryland Gen Hosp.		23C. DATE SIGNED 8-4-52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR		ADDRESS	

1952000 75205

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

FOR THE CHIEF OF STAFF

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 7530

535
52 7530
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES L. WINDOM		2. DATE OF DEATH August 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Allegany	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Barton	
D. STREET ADDRESS (If rural, give location) 5100			
5. LENGTH OF stay in Baltimore 6 Mos			

5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 13, 1910	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown			10B. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Garnett Co., Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME Unknown			
14. MOTHER'S MAIDEN NAME Roheta Dawson			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes WW # 2			
16. SOCIAL SECURITY NO. Unknown			17. INFORMANT W. Seave			

18. E901.6 and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute alcoholism (A) XXXX	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of pelvis (B) XXXX	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Retroperitoneal hemorrhage (C) XXXX	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Lot	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rear of 418 E. Baltimore Street 4-1
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY August 4, 1952	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell from ladder to ground

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Seave	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Aug. 5, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 14 Aug 52	24C. NAME OF CEMETERY OR CREMATORY Lanier Hill Cemetery
24D. LOCATION (City, town, or county) Barton, Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR E. S. Boal, Western Park, Md.
ADDRESS		

V S 151 **N 808.2** **1 2 5 2 0 7 5 2 7**

MEDICAL CERTIFICATION

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52 7531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7531

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM A. PAULY

2. DATE
OF
DEATH

10 AUGUST 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

LUTHERAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

20-04

D. STREET ADDRESS (If rural, give location)

2558 BOYD ST. #23

C. Length of stay in Baltimore

63 — Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SEPARATED

8. DATE OF BIRTH

3-3-89

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MACHINEIST

10B. KIND OF BUSINESS OR
INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John PAULY

14. MOTHER'S MAIDEN NAME

CARRIE HUETER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or, unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

P

17. INFORMANT

ADDRESS

EVELYN PAULY 3550 LYNDAL ST.

18. 420.0 and 1002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Infarction of the myocardium (?)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic heart disease (?)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Mood. advanced active tbc (?)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 7 Aug 1952, to 10 Aug, 1952, that I last saw the
deceased alive on 10 Aug, 1952, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

5548007520

AVE.

MEDICAL CERTIFICATION

1977 52

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE

1977

WILLIAM A. PAULY

SA. T. BROWN

CLINICAL HOSPITAL

WILLIAM A. PAULY

1977

WILLIAM A. PAULY

WILLIAM A. PAULY

WILLIAM A. PAULY

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PLEASE
CO

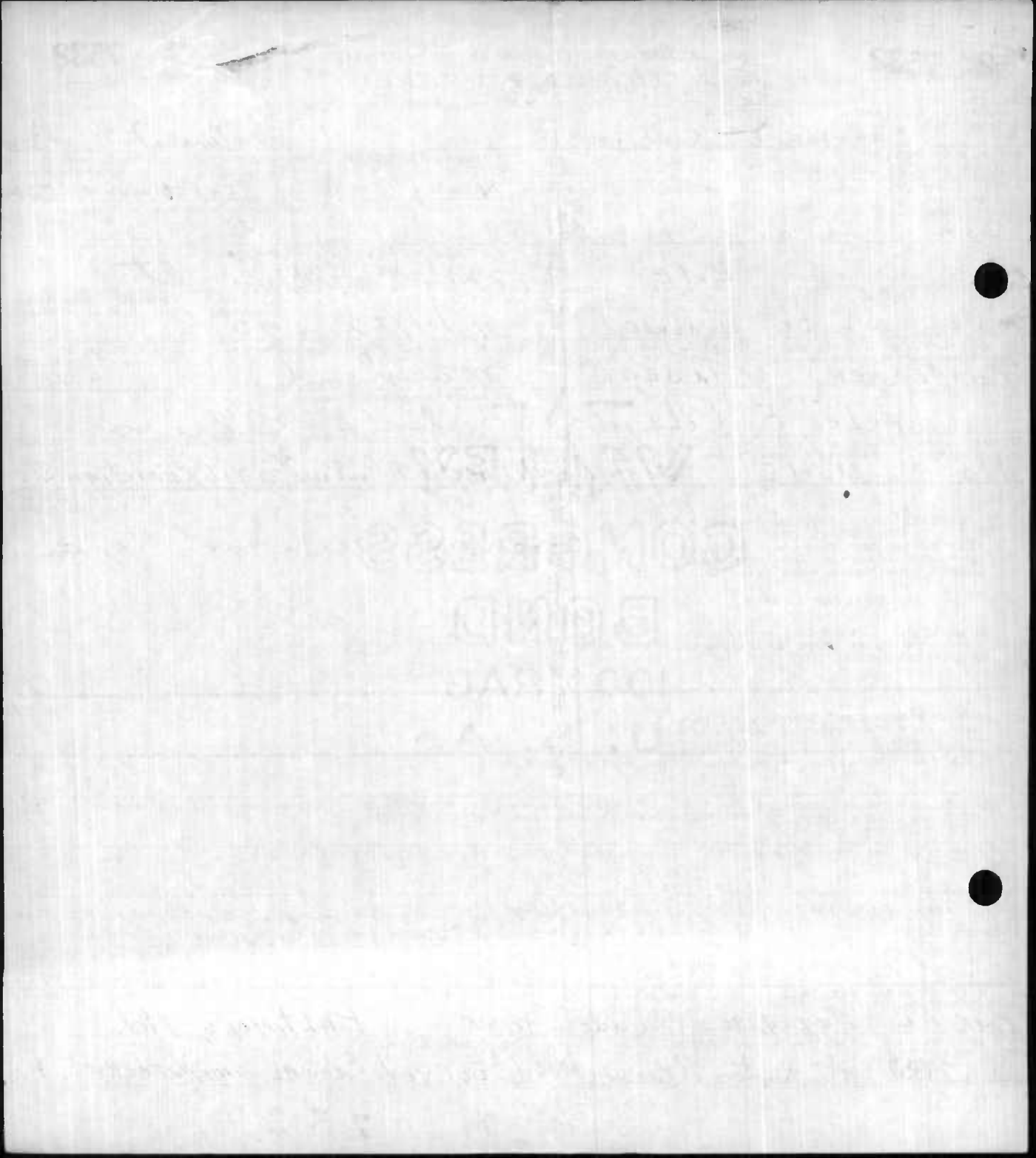
452
52 7532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7532
Registered No.

1. NAME OF DECEASED (Type or Print) Charles E Collins		2. DATE OF DEATH August 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE Maryland B. COUNTY Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 20-05	
C. Birth of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2216 Christian St	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3/14/82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10B. KIND OF BUSINESS OR INDUSTRY TAVERN	9. AGE (in years last birthday) 70
13. FATHER'S NAME CHARLES E. COLLINS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-28-3141	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) None		17. INFORMANT JA. CHARLES E. COLLINS, JR. ADDRESS 2216 Christian St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Coronary Occlusion CAUSE TO (B) A. S. C. D. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Acute	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Aug 11 , 19 52 to Aug 11 , 19 52 , that I last saw the deceased alive on Aug 11 , 19 52 , and that death occurred at 8:30 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE John Melvin McKee		23B. ADDRESS Box Secours Hospital	
23C. DATE SIGNED Aug 11, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Aug 14, 1952	
24C. NAME OF CEMETERY OR CREMATORY Louisa Park		24D. LOCATION (City, town, or county) BALTIMORE, Md.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS GEORGE L. Schwab 2101 Frederick Ave	

NO 64 7529



52 7533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7533

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE M. LAWLER

2. DATE
OF
DEATH

Aug. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1015 W. Cross St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1015 W. Cross St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 23, 1868

9. AGE (in years
last birthday)

84

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Lawler

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Helen B. Scott, 1015 W. Cross St.

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH1 day
10 yearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to August 9, 1952, that I last saw the
deceased alive on July 8, 1952, and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/12/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St Paul St Zone 2

VS 150

1 9 5 2 0 0 7 5 3 0

MEDICAL CERTIFICATION

1223

RECEIVED
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JAN 10 1900

52 7534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7534

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Bertha Mae Scott</i>		2. DATE OF DEATH <i>Aug. 9, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission): a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>405 E. 24th St.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-04</i>			
c. Length of stay in Baltimore <i>64 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>405 E. 24th St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Oct. 12, 1887</i>	9. AGE (in years, last birthday) <i>64</i>	10. Under 1 Year: Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Educator</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Samuel Scott</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mary Rose</i>	
				<i>928 E. Preston St.</i>	

18. <i>356.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>amyotrophic lateral sclerosis.</i>		<i>2 yrs</i>
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/19/51</i> , 19 <i>51</i> , to <i>8/9/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8/8/52</i> , and that death occurred at <i>1030 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>BALTIMORE, MD.</i>		23C. DATE SIGNED <i>8-9-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Aug. 12, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Archbishop Trem. Pk. Cald. C. Md.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>Funeral Home</i>		25. ADDRESS <i>1631 N. Druid Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. ADDRESS <i>1631 N. Druid Hill Ave.</i>	

1875

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52 7535

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7535
Registered No.

1. NAME OF DECEASED (Type or Print) ROBERT E. PENLAND		2. DATE OF DEATH August 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rock Hill Beach	
6. LENGTH OF STAY IN BALTIMORE 30		D. STREET ADDRESS (If rural, give location) 5209	
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH May 3, 1892
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		12. AGE (In years last birthday) 60	
13. FATHER'S NAME		14. BIRTHPLACE (State or foreign country) North Carolina	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. SOCIAL SECURITY NO. 213-10-9555		18. INFORMANT Records	
19. ADDRESS		20. ADDRESS	

18. **340.3**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Leptomeningitis, acute**
complicating osteomyelitis of roof of right ethmoid sinus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED August 8, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 12, 1952		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) Ritchie Highway		24E. DATE RECEIVED BY LOCAL REGISTRAR 1612152		24F. REGISTRAR'S SIGNATURE Huntington Williams, MD	
24G. FUNERAL DIRECTOR C.W. Kachauskas-703 McHenry St.		24H. ADDRESS		24I. ADDRESS	

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52 7536BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7536
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA I. PURCELL

2. DATE
OF
DEATH Aug. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3235 Normount Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3235 Normount Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Apr. 2, 1879

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sales Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Department Store

11. BIRTHPLACE (State or foreign country)

Harford Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Norris

14. MOTHER'S MAIDEN NAME

Margaret Morrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-10-6112

17. INFORMANT

ADDRESS

Mrs. Margaret A. Wolff 3235 Normount Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.DUE TO Arteriosclerotic and
hypertensive cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 24 Oct, 1949 to 8 Aug, 1952, that I last saw the
deceased alive on 6 Aug, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Emil H. Henning Jr.

M. D.

601 Winans Way

18 Aug 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/12/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Pk.

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 12 1952

Huntington Williams, M.D.

Hon. J. T. Tuckers & Sons, Inc. Balt. Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 7537

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) NORA SHORT BOLLINGER			2. DATE OF DEATH Aug. 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 752 Ramsey St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 752 Ramsey St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 10, 1881	9. AGE (In years last birthday) 70	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Balto. Co. Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Richard R. Wilderson			14. MOTHER'S MAIDEN NAME Wilhelmina M. Swartz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. H. F. Stephan - 752 Ramsey St.		

18. 174x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Carcinoma of uterus DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH 16 months

19A. DATE OF OPERATION 8/13/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 14, 1951 , to Aug 10, 1952 , that I last saw the deceased alive on Aug 10th, 1952 and that death occurred at 4:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Gates		23B. ADDRESS 517 Scott St		23C. DATE SIGNED Aug 11/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/13/52	24C. NAME OF CEMETERY OR CREMATORY Louisa Pk. Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Md.
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DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Tuckner & Sons, Inc.	ADDRESS Baltimore Md.
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MEDICAL CERTIFICATION

1872

616		BALTIMORE CITY HEALTH DEPARTMENT		52 7538	
52 7538		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		CLAUDE CHARLES FREEBURGER		2. DATE OF DEATH August 8/10/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND		b. COUNTY BALTIMORE	
b. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		c. CITY OR TOWN BALTIMORE		d. STREET ADDRESS (If rural, give location) 3344 CHESTNUT AVE	
c. Length of stay in Baltimore LIFE		8. DATE OF BIRTH SEPT 8, 1890		9. AGE (In years last birthday) 61	
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY Ind. In. Com. In.		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME ANDREW FREEBURGER		14. MOTHER'S MAIDEN NAME MARY BORD		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes - World War I		16. SOCIAL SECURITY NO.		17. INFORMANT SELF	
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CARCINOMA, RIGHT LUNG DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 YEAR			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JULY 22, 1952 to AUG 10, 1952 that I last saw the deceased alive on AUG 10, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Georgia Reynolds		23b. ADDRESS M. D. Union Memorial Hospital		23c. DATE SIGNED 8/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 13-52		24c. NAME OF CEMETERY OR CREMATORY Grave Run	
24d. LOCATION (City, town, or county) BALT. CO. MD.		24e. DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		24f. REGISTRAR'S SIGNATURE Huntington Williams, MD.	
24g. FUNERAL DIRECTOR 13902 Geo. H. Beyer Jr.		24h. ADDRESS 4512 HOLLINS ST. BALTO		24i. DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952	

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UNITED STATES OF AMERICA

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UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

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52 7539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7539

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DOUGHERTY, LEO B.

2. DATE
OF
DEATH

8.10.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSPITAL OF BALTO INC.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 19-03

D. STREET ADDRESS (If rural, give location)

323 S. WOODYEAR ST.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

11.15.98

9. AGE (in years
last birthday)

54

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Change Engr

10B. KIND OF BUSINESS OR
INDUSTRY

Rigging Co

11. BIRTHPLACE (State or foreign country)

BALTO. MD

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward C. Dougherty

14. MOTHER'S MAIDEN NAME

Florence Hawkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

21.01.4139

INFORMANT

Thelma M. Dougherty 323 Woodyear St

ADDRESS

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) BRONCHOGENIC CARCINOMA

DUE TO

25 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.1. 1952, to 8.10. 1952, that I last saw the
deceased alive on 8.10. 1952, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius S. Puer

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

8.10.52

24A. BURNIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-14-52

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

1011 E. B. M. Walters

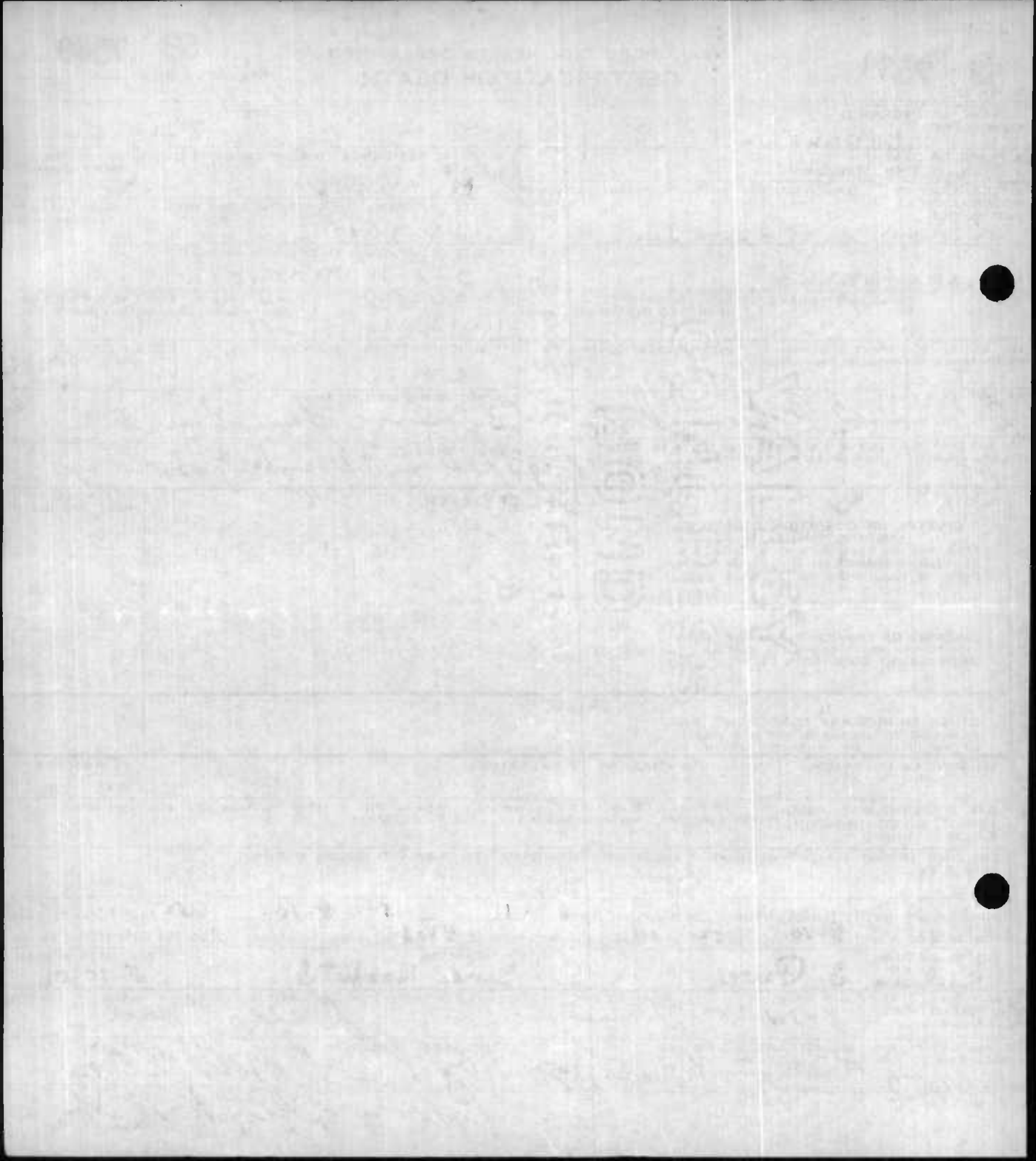
JUG 1 21952

VS 130

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Patt & Chalker Co

MEDICAL CERTIFICATION



400

52 7540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7540
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Tallie

2. DATE
OF
DEATH

Aug. 11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2000 Lurue Sq.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

LARUE SQ.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

LAWSON

C. CITY OR TOWN (If outside corporate limits, state RURAL and give township)

Baltimore, Cherry Hill

D. STREET ADDRESS (If rural, give location)

3000 Lurue Square

Length of stay in Baltimore

11 yrs

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Apr. 22, 1880

9. AGE (In years
last birthday)

72 yrs

10. Under 1 Year
Months: Days

3 19

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Sweeper

10B. KIND OF BUSINESS OR
INDUSTRY

CITY - SAN.

11. BIRTHPLACE (State or foreign country)

Macon, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Emily Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Delia A. Drake

ADDRESS

3304 Wisdom Ave

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized Metastasis

DUE TO

ANTECEDENT CAUSES

(B)

Ca of Colon

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2-5-1952 to 8-11-1952, that I last saw the
deceased alive on 8-11-1952, and that death occurred at 2:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Blanford D. Bunker

M. D.

23B. ADDRESS

2369 2nd Hill

23C. DATE SIGNED

8-11-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Aug 14-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

A. A. Co. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

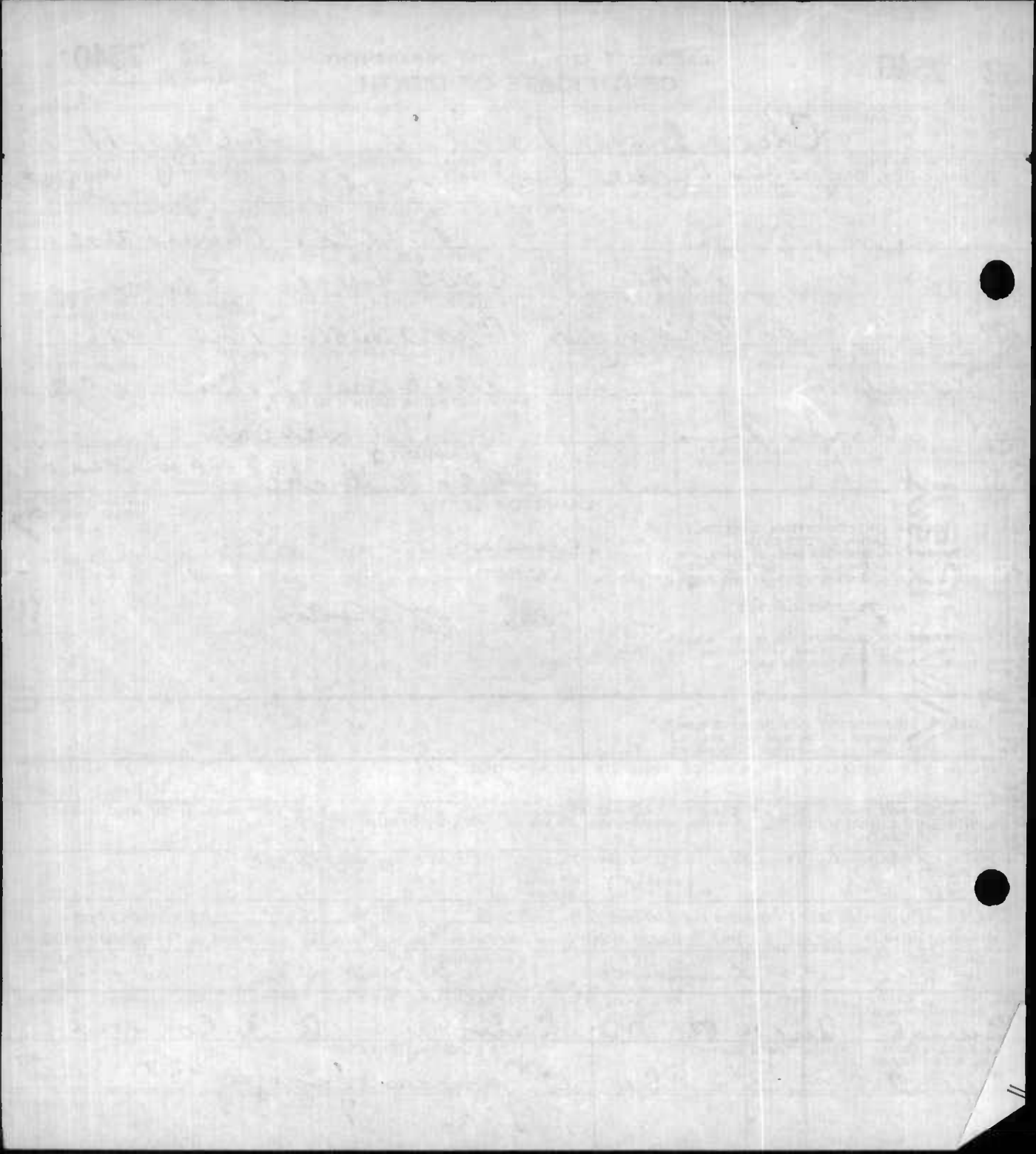
25. FUNERAL DIRECTOR

James A. Hayes

ADDRESS

6384 Palmer

AUG 12 1952



400
52 7541BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7541
Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH ANDREW BALL		2. DATE OF DEATH August 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-03	
D. STREET ADDRESS (If rural, give location) 1715 Harlem Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Sept. 23, 1893
9. AGE (In years last birthday) 58		10. UNDER 1 YEAR: Months Days 11. UNDER 24 HOURS: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10B. KIND OF BUSINESS OR INDUSTRY Pa. Station	
11. BIRTHPLACE (State or foreign country) Molusk, Va.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edward Ball		14. MOTHER'S MAIDEN NAME Sarah Webster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Ernest Webster, Molusk, Va.		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO (A) Hypertensive cardiovascular disease (B) ANTECEDENT CAUSES (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William W. Sullivan, Jr.</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Aug. 8, 1952
BURIAL, CREMATION, OR OTHER (Specify) Burial	24B. DATE 8-12-52	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore Md.	
RECEIVED BY REGISTRAR 21952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Samuel W. Sullivan, Jr.</i> 1011 N. Arlington Ave.	

452
52 7542BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7542

1. NAME OF DECEASED (Type or Print) LOUIS W. BALLING		2. DATE OF DEATH 10 August 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
D. STREET ADDRESS (If rural, give location) 3805 GOUGH ST.		E. LENGTH OF STAY IN BALTIMORE 59 Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12-1-92
9. AGE (In years, months, days) 59		10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10B. KIND OF BUSINESS OR INDUSTRY BREWERY	
13. FATHER'S NAME JOSEPH BALLING		14. MOTHER'S MAIDEN NAME MARGARET GOETZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 449-216-01-414	
17. INFORMANT KATHERINE BALLING		ADDRESS SAME	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.0 I Pulmonary edema (A) Aspiration pneumonia DUE TO interior atherosclerotic heart disease with multiple pulmonary and splenic infarcts (B) Gastric dilatation & vomiting DUE TO Peritonitis (C) Benign nephrosclerosis Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1/2 day 1 day 3 days —	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-22-52 to 8-10-52 , that I last saw the deceased alive on 8-10-52 , and that death occurred at 410 P m., from the causes and on the date stated above.			
23A. SIGNATURE Dr. S. P. Parrell		23B. ADDRESS LUTHERAN HOSP, BALTO.	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE AUGUST 13, 1952	
24C. NAME OF CEMETERY OR CREMATORY OAK LAWN CEM		24D. LOCATION (City, town, or county) (State) 7125 EASTERN AVE	
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
25. FUNERAL DIRECTOR Charles S. Zeiler		ADDRESS 901 S. CONKLING ST.	

See query reply in Document File

152
7543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7543

BIRTH NO.				1. NAME OF DECEASED (Type or Print) Florence Robinson (Theat)				2. DATE OF DEATH Aug-8-1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY				C. CITY OR TOWN (If outside corporate limits, give rural and give township) Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1741 North Bond Street				D. STREET ADDRESS (If rural, give location) 1741 North Bond Street				C. Length of stay in Baltimore 23 Yrs			
5. SEX Female		6. COLOR OR RACE Col.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 5 1914		9. AGE (In years last birthday) 38		11. BIRTHPLACE (State or foreign country) Prince George Co. Va.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Sineon Robinson		14. MOTHER'S MAIDEN NAME Sarah Holloway		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mary Banks		ADDRESS 450 Esat Federal Street		18. CAUSE OF DEATH Coronary Embolism Valvular Heart Disease Hypertensive Cardiovascular Disease 3/6/52		INTERVAL BETWEEN ONSET AND DEATH 1 day		19. DATE OF OPERATION 8/12/52	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 3/6 , 19 52 , to 8/8 , 19 52 , that I last saw the deceased alive on 8/7 , 19 52 , and that death occurred at 9 m., from the causes and on the date stated above.		23A. SIGNATURE H. D. Williams		23B. ADDRESS 1422 E. Charles St	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/12/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md		25. FUNERAL DIRECTOR Elmer Wilson		ADDRESS 1000 Bently Ave	
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		26. FUNERAL DIRECTOR Elmer Wilson		ADDRESS 1000 Bently Ave		VS 150		1 9 5 2 208A 7 5 4 0	

MEDICAL CERTIFICATION

Threat

DUPLICATE

525 7544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7544

1. NAME OF DECEASED (Type or Print) Jenkins, Princl (Pincelbelle)		2. DATE OF DEATH August 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's C. LENGTH OF STAY IN BALTIMORE Life		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 2237 E. Preston St.	
5. SEX F.	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb.-12-1930
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic work		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 22
13. FATHER'S NAME Chick Jenkins		11. BIRTHPLACE (State or foreign country) Baltimore Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Catherine Gorham	
17. INFORMANT Raven Jeffress		ADDRESS 1739 E. Eager St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Complete intestinal obstruction		INTERVAL BETWEEN ONSET AND DEATH 24 hr.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Volvulus of terminal ileum and adhesions			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 6 , 1952, to August 7 , 1952, that I last saw the deceased alive on August 7 , 1952, and that death occurred at 9:30 p. m. , from the causes and on the date stated above.			
23A. SIGNATURE <i>William F. Baldwin</i>		23B. ADDRESS 1400 N. Caroline St.	
23C. DATE SIGNED August 9, '52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/12/1952	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
FUNERAL DIRECTOR <i>Wm. F. Baldwin</i>		ADDRESS 1000 Bently up	

57208A 0 7 5 4 1

1971

August 7, 1973

1-4-8

Wetland

Salmon

1971-1972

Wetland

Salmon

Complete historical reconstruction

Salmon of Central Alaska and
Minnesota

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7545**

BIRTH NO.			1. NAME OF DECEASED (Type or Print) VALDEMAR LANGE			2. DATE OF DEATH Aug. 9, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 628 East 31st St.						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) 628 East 31st St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Apr. 21, 1877		9. AGE (In years last birthday) 75		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian, retired			10B. KIND OF BUSINESS OR INDUSTRY Zepp Photo Service			11. BIRTHPLACE (State or foreign country) Denmark		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown						14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Miss Helen Bell, 628 E. 31st St.,			

18. 421.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH Myocardial Insufficiency (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH unknown
	(B) DUE TO Endocarditis	unknown
	(C) DUE TO	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/5/52 , 19 52 , to 8/9/52 , 19 52 , that I last saw the deceased alive on 8/8/52 , 19 52 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert M. Williams</i>		23B. ADDRESS 401 E 25th St		23C. DATE SIGNED 8/11/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/13/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Robt. J. ...</i>		ADDRESS 1219 St Paul St	

600
52 7546BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7546

BIRTH NO.

1. NAME OF DECEASED (Type or Print) AMELIA CROW		2. DATE OF DEATH 8/11/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTO.	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2128 E. HOFFMAN ST.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/6/82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	
13. FATHER'S NAME Chas. Reamer		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		17. INFORMANT Helen Crow	
18. 443X		ADDRESS 2128 E. Hoffman St.	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)**HAS CVD**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/1 , 19 52 to 8/11 , 19 52 , that I last saw the deceased alive on 8/11 , 19 52 and that death occurred at 12 A m., from the causes and on the date stated above.					
23A. SIGNATURE Richard Arnold Sinder		23B. ADDRESS 714 N. Broadway		23C. DATE SIGNED 8/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/14/52		24C. NAME OF CEMETERY OR CREMATORY Balto	
24D. LOCATION (City, town, or county) Balto, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR W. C. Cook, Inc.		24H. ADDRESS 1217 St. Paul St.			

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7547

1. NAME OF DECEASED (Type or Print) FRITSCH		2. DATE OF DEATH Aug 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Homes Hosp.		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 106 N. Luzerne Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 25 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY BETH STEEL CO	9. AGE (in years last birthday) 69
11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME FRANK. FRITSCH		14. MOTHER'S MAIDEN NAME ANNA. KIBLE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 313-07-2282	
17. INFORMANT Wuohong		ADDRESS 107 N. Luzerne Ave.	
18. 237x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis		CAUSE OF DEATH (A) Cerebral Thrombosis DUE TO (B) DUE TO (C)	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 month	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 6 , 1952 to Aug 11 , 1952, that I last saw the deceased alive on Aug 11 , 1952, and that death occurred at 3:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Wuohong		23B. ADDRESS Church Homes Hosp.	
23C. DATE SIGNED Aug 11 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE AUG 14 1952	
24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM		24D. LOCATION (City, town, or county) (State) 4430 BELAIR RD MD	
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Diappel Bros.		ADDRESS 1800 E COMBARO ST.	

1947 31

265
2 7548LOWBRYAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7548
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Hugh Loughran</i>		2. DATE OF DEATH <i>Aug. 11, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Balto.</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hosp.</i>		C. CITY OR TOWN <i>Balto.</i> (If outside corporate limits, write RURAL and give township) <i>10-01</i>	
6. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>1111 Greenmount Ave.</i>	
7. SEX <i>M</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>1/19/96</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>	
11. FATHER'S NAME <i>James Loughran</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. SOCIAL SECURITY NO.	
15. INFORMANT <i>Hosp. Records</i>		ADDRESS	

18. <i>293x and 200.2</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Hypo plastic anemia</i>	<i>6 mos.</i>
ANTECEDENT CAUSES	(B) <i>? lymphoma</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION <i>7/1/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Aplasia of bone marrow</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>July 1, 1952</i> , to <i>Aug. 11, 1952</i> that I last saw the deceased alive on <i>Aug. 11, 1952</i> and that death occurred at <i>5:15 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Guerrero Dr. Torrell</i>	23B. ADDRESS <i>Mercy Hosp.</i>	23C. DATE SIGNED <i>8/11/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Aug 14, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Ind</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 12 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Elmer W. Coulter</i>	ADDRESS <i>929 E. Eagle</i>

6127 SE

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DATE 10-10-89 BY 1045 GPO

200
52 7549BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7549
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph M. Logue		2. DATE OF DEATH Aug. 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2915 Chesley Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.	
C. Length of stay in Baltimore 57 Yrs. 11 Mos. 11 Days		D. STREET ADDRESS (If rural, give location) 2915 Chesley Ave. City	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 26, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman		10B. KIND OF BUSINESS OR INDUSTRY Baltimore City	9. AGE (In years last birthday) 57
13. FATHER'S NAME Joseph L. Logue		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 212-26-8818		14. MOTHER'S MAIDEN NAME Annie Collins	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach DUE TO Metastases of liver DUE TO Antecedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		17. INFORMANT Mrs. Sadie L. Logue ADDRESS 1933 Woodburn Ave	
19A. DATE OF OPERATION June 14 - 1950		19B. MAJOR FINDINGS OF OPERATION Cancer of stomach	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 8/10 , 19 52 , to 8/10 , 19 52 , that I last saw the deceased dead 8/10 , 19 52 , and that death occurred at 3:45 p. m., from the causes and on the date stated above.	
23A. SIGNATURE A. H. Hornstein		23B. ADDRESS 2042 Biddle St	
23C. DATE SIGNED 8/11/52		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Aug. 13, 1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery Baltimore, Md.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Elmer W. Conklin ADDRESS 924 E. Eager St.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	

1918

1918

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

TO THE SECRETARY OF THE INTERIOR

WASHINGTON, D. C.

FROM THE DIRECTOR

RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible handwritten text]

Very truly yours,

[illegible signature]

[illegible title]

[illegible address]

[illegible address]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52

7550

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BABY BOY SAAL

2. DATE
OF
DEATH

8-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

831 Wildwood Parkway #29

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

8-1-52

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

2 35

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carl Saal

14. MOTHER'S MAIDEN NAME

Margaret Sfankey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-52 to 8-1-52, 1952, that I last saw the
deceased alive on 8-1-52, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martina Turina - Ortega M.D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

8-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-14-52

24C. NAME OF CEMETERY OR CREMATORY

Heidelberg & Son

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Heidelberg & Son

VS 150

1 2 5 2 0 0 0 7 5 4 7

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-7551**

1. NAME OF DECEASED
(Type or Print)

Mc Donald female baby

2. DATE
OF
DEATH

8/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mary Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

713 Bidder St #1

5. SEX *F.*

6. COLOR OR RACE *W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/13/52

9. AGE (In years last birthday)

10 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min. *2 40*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Donald Mc Donald.

14. MOTHER'S MAIDEN NAME

Bernice Mc Donald.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. *776x*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Prunaturity

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4:30-8/3, 1952*, to *6:45-8/3, 1952*, that I last saw the deceased alive on *8/3* 1952, and that death occurred at *6:45pm.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 12 1952

Huntington Williams, M.D.

Steele & Son

VS 150

19520007540

MEDICAL CERTIFICATION

1887 52

10-01

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7552**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GOELLER F. Frederick

2. DATE OF DEATH

August 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **md.**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Salts. 26-11

D. STREET ADDRESS (If rural, give location)

911 S. East Ave.

C. Length of stay in Baltimore

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

May 12 1892

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brain Operator

10B. KIND OF BUSINESS OR INDUSTRY

Beth. Steel

13. FATHER'S NAME

Goeller, Adam

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Zanitski, Eliza

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

R. Goeller Brother Place

18. **443X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease.**
DUE TO **disease.**

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Aug 10, 1952**, to **Aug 12, 1952** that I last saw the deceased alive on **Aug 12, 1952** and that death occurred at **5:45 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Arthur R. L. [Signature]

23B. ADDRESS

Church Home Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug 16 - 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR

AUG 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Connelly, Esq.

ADDRESS

1003

STATE OF OHIO

1003



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7553

BIRTH NO. 240 7553

1. NAME OF DECEASED (Type or Print) **JOHN MICHEL**

2. DATE OF DEATH **8.12.52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland **Baltimore City**
B. FULL NAME OF HOSPITAL OR INSTITUTION **Mercy Hospital**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Md.** B. COUNTY **St. Mary's**
C. CITY OR TOWN **R.F.D. Mechanicsville** (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) **6800**

5. SEX **M.** 6. COLOR OR RACE **W.** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **11.17.1890** 9. AGE (In years last birthday) **61** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country) **Switzerland** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Mike Michel** 14. MOTHER'S MAIDEN NAME **Kathie Haare**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS **✓**

18. **E 903.0 and 002X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) **Bilateral T.B.C.**
DUE TO

(B) **Fracture of the femur**
DUE TO

(C)

CERTIFICATION APPROVED BY **R. P. Pube**

CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Mechanicsville 6800**

21D. TIME (Month) (Day) (Year) (Hour) **8.4.52** m. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? **slipped and fell down to floor**

22. I hereby certify that I attended the deceased from **8.4.52**, 19**52**, to **8.12.52**, 19**52**, that I last saw the deceased alive **8.11.52**, 19**52**, and that death occurred at **5.55** m., from the causes and on the date stated above.

23A. SIGNATURE **C. R. Pube** M. D. 23B. ADDRESS **Mercy Hospital** 23C. DATE SIGNED **8.12.52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **8/14/52** 24C. NAME OF CEMETERY OR CREMATORY **New Market Md** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **AUG 12 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **H. H. Means & Son 8057 Calver** ADDRESS

VS 150

N 821.0

19520007550

MEDICAL CERTIFICATION



3

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 7554 Registered No. _____
BIRTH NO. 52-18022		
1. NAME OF DECEASED (Type or Print) BABY BOY KRONBERG		2. DATE OF DEATH August 6, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY 15-38
5. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland		C. CITY OR TOWN Baltimore-16-
6. Length of stay in Baltimore —		D. STREET ADDRESS (If rural, give location) 3508 Forest Park Avenue
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —
8. DATE OF BIRTH August 5, 1952		9. AGE (In years last birthday) 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore-Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sidney Samuel Kronberg		14. MOTHER'S MAIDEN NAME Lucille Ann Maass
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —
17. INFORMANT —		ADDRESS —
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) PREMATURITY DUE TO (B) PREMATURE ONSET OF LABOR; SPONTANEOUS; 23 WKS. DUE TO (C) UNKNOWN. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 21		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) — INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Aug 5, 1952 , to Aug 6, 1952 , that I last saw the deceased alive on Aug. 6, 1952 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE Robert R. Loeach	23B. ADDRESS Wasp for the Wasp	23C. DATE SIGNED 8-6-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL
24D. LOCATION (City, town, or county) AUG 11 1952	(State)	
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.
ADDRESS		

242
52 7555BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7555
Registered No.

BIRTH NO. 52-18190

1. NAME OF DECEASED
(Type or Print)

Baby Boy McLaughlin

2. DATE
OF
DEATH

8/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Luthuan Hospital of Md. -

Yrs.
Mos.
Days

C. Length of stay in Baltimore

1 hour

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)A. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md.

B. COUNTY

-27-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Md. -

D. STREET ADDRESS (If rural, give location)

2921 Lyman Ave. -

8. DATE OF BIRTH

8/5/52

9. AGE (In years
last birthday)

1 hr.

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Daniel Syler McLaughlin

14. MOTHER'S MAIDEN NAME

Dorothy Mary Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

2921 Lyman Dr.

18. 754.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

inter auricular septal
defect

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hydrocephaly -

1 hr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1952 to 8/5, 1952, that I last saw the
deceased alive on 8/5, 1952, and that death occurred at 11:15 am, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

F. P. Weyersens

M. D.

Luthuan Hosp of Md.

8/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL AUG 11 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 12 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

420

52 7556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7556

BIRTH NO. 52-18873

1. NAME OF DECEASED
(Type or Print)

BABY BOY DE LOACH

2. DATE
OF
DEATH

8-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR LUTHERAN HOSP. OF MD
INSTITUTION 700 ASHBURTON ST. BALTIMORE4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY Anne ArundelC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 5250D. STREET ADDRESS (If rural, give location)
317 EDISON ST. BALTO #25

C. Length of stay in Baltimore

3 30 Hrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

8-4-52

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

0

3 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NEWBORN

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ROBERT DE LOACH

14. MOTHER'S MAIDEN NAME

RUTH SEITZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT

ADDRESS

MOTHER, 317 EDISON ST. BALTO #25

18. 776x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMATURITY

DUE TO

3 30 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(B) Premature Onset of Labor

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

IMMATURE DELIVERY

DELIVERY OF 615 GRAM FETUS

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

IMMATURITY

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

NONE

21C. WHERE DID INJURY OCCUR?

NONE

21D. TIME (Month) (Day) (Year) (Hour) INJURY

NONE

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

NONE

22. I hereby certify that I attended the deceased from 8-4, 1952 to 8-4, 1952, that I last saw the deceased alive on 8-4, 1952, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. W. Williams Jr.

M. D. Lutheran Hosp. of Md.

8-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL AUG 11 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 12 1952

Huntington Williams, MD

Huntington Williams, MD

VS 150

152010-7553

MEDICAL CERTIFICATION

7575

STATEMENT OF WORK
STATEMENT OF WORK

7575

STATEMENT OF WORK



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7557**

630
52 7557
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Matilda Mary Merritt			2. DATE OF DEATH Aug. 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE US PHS Hospital Baltimore 11, Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. ---- Mos. ---- Days ----			D. STREET ADDRESS (If rural, give location) 912 West Franklin Street,		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 28, 1893		9. AGE (in years last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10B. KIND OF BUSINESS OR INDUSTRY Public Health Service	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Isem Daniel			14. MOTHER'S MAIDEN NAME Cozy Hawkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT ADDRESS Records, US PHS Hospital, Balto., 11, Md.		

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular hemorrhage due to		INTERVAL BETWEEN ONSET AND DEATH 48 hours
(A) DUE TO diabetes and hypertension		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) 0 INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 8 , 19 52 to Aug. 11 , 19 52 that I last saw the deceased alive on Aug. 11 , 19 52 and that death occurred at 12:40 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE James A. Hunter, Jr., Sr. Surgeon		23B. ADDRESS US PHS Hospital, Balto., Md.		23C. DATE SIGNED 8-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/14/1952	24C. NAME OF CEMETERY OR CREMATORY W. K. Calvary Cem.	24D. LOCATION (City, town, or county) (State) Cedar Hill Md.		
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		REGISTRAR'S SIGNATURE H. H. Williams		25. FUNERAL DIRECTOR Mrs. Katie R. Williams Schroeder	

MEDICAL CERTIFICATION

1977

12

THE OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

1977



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 7558

BIRTH NO. 7558

1. NAME OF DECEASED (Type or Print) <u>Henry Cheeseboro</u>		2. DATE OF DEATH <u>8/9/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>22</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township) <u>Balto.</u>	
5. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <u>415 W. Barre St.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/10/1921</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Burner</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>MD. Dry docks</u>	9. AGE (In years last birthday) <u>31</u>
13. FATHER'S NAME <u>David Cheeseboro</u>		11. BIRTHPLACE (State or foreign country) <u>Sumter S.C.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Lou Jane Ballot</u>	
17. INFORMANT <u>Bonita Cheeseboro</u>		ADDRESS <u>415 W. Barre St.</u>	

CAUSE OF DEATH

(A) Exsanguination due to
DUE TO STAB Wound of Neck
(B) with perforation of
DUE TO Subclavian ARTERY
(C) _____

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>415 W. BARRE ST</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>8 9 52 AM</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>STABBED IN Neck</u>	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>R. B. Fisher</u>		23B. CHIEF MEDICAL EXAMINER... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input type="checkbox"/> MEDICAL INVESTIGATOR... <input type="checkbox"/>		23C. DATE SIGNED <u>8-10-52</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>8/15/1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>W. Auburn Cem Balto Md.</u>		24D. LOCATION (City, town, or county) (State) <u>Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 12 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Mrs. Katie R. Williams</u>		ADDRESS <u>322 N. Howard St</u>	

1851
7528

1851
7528

to the
State of New
York
County
City of New York

1851
7528

County

1851
7528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 7559**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Welsh			2. DATE OF DEATH Aug. 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore Gen. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Month of stay in Baltimore 18 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1205 S. Charles St.		
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 6, 1933	9. AGE (in years last birthday) 18 yrs.	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY Southern High	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph T. Welsh Jr.			14. MOTHER'S MAIDEN NAME Margaret Curry		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-30-4026	17. INFORMANT ADDRESS Margaret Welsh 1205 S. Charles St.		

18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Infarction DUE TO Rheumatic Heart Disease Chronic Pericardial Effusion DUE TO Rheumatic Heart Disease	CAUSE OF DEATH Pulmonary Infarction Rheumatic Heart Disease Pericardial Effusion Rheumatic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 6, 1952 to Aug. 10, 1952 , that I last saw the deceased alive on Aug. 10, 1952 , and that death occurred at 10: a.m. , from the causes and on the date stated above.		
23A. SIGNATURE Ellis Sapid	23B. ADDRESS South Baltimore Gen. Hosp.	23C. DATE SIGNED Aug 10 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 13, 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Cross	24D. LOCATION (City, town, or county) (State) Ritchie Highway Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS KRAUSE FUNERAL HOME 1216 S. Charles St. Balto. 30 Md.	

See Document File for query reply

8/20/52

ES

#25 Med. Exam Case Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7560

BIRTH NO. 2 7560 1-15934

1. NAME OF DECEASED (Type or Print) Doris Wilson			2. DATE OF DEATH Aug 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland At. O.P.D.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write R.O.C.L. and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 916 E. Mc Donough St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 15, 1951		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balt. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Wilson			14. MOTHER'S MAIDEN NAME Rosie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 293 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis ? etiology		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Angina & Fatty Infiltration of Liver		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-11 , 19 52 , to 8-11 , 19 52 , that I last saw the deceased alive on 8-11 , 19 52 , and that death occurred at 8:25 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE A. Perlman		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 8/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 14/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	
				24D. LOCATION (City, town, or county) (State) A. A. County Md	

DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		REGISTRAR'S SIGNATURE Thurston W. Williams, M.D.		25. FUNERAL DIRECTOR Mrs. R. H. A. Edwards	
				ADDRESS 1129 N. Calverton St.	

MEDICAL CERTIFICATION

Signed _____

Certified a true copy of
the original record of this case
on file at the office of the
Chief Medical Examiner, State
of Maryland.

NOT A MEDICAL EXAMINER'S CASE

R. H. Fisher

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7561**

BIRTH NO. **52 7561**

1. NAME OF DECEASED (Type or Print) HARRY B. CROSS		2. DATE OF DEATH August 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 3821 Dolfield Avenue		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3821 Dolfield Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 6, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker,		9. AGE (In years last birthday) 73	
10B. KIND OF BUSINESS OR INDUSTRY Refrigerating Mfg.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME John T. Cross.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-07-1106	
17. INFORMANT Mrs. Lillian Cross,		ADDRESS 3821 Dolfield Ave.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William V. Smith* 23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR.....☐ 23C. DATE SIGNED **Aug. 11, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Aug. 13, 1952** 24C. NAME OF CEMETERY OR CREMATORY **Cathedral Cemetery, Baltimore, Md.** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **AUG 12 1952** REGISTRAR'S SIGNATURE *Huntington Williams, MD* 25. FUNERAL DIRECTOR **B. Vernon Lemmon** ADDRESS **4611 Park Heights Ave**

MEDICAL CERTIFICATION

1967

8

1967

8

520
2 7562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7562

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		John J. Zink		Aug 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Md.			
JOHNS HOPKINS HOSPITAL		B. COUNTY			
C. CITY OR TOWN		Baltimore			
D. STREET ADDRESS (If rural, give location)		2826 Overland Ave			
Length of stay in Baltimore		Life			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
ARCHITECT				6-1-1886	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9. AGE (in years last birthday)	
Charles Zink		Frances Ritzina		66	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
				12. CITIZEN OF WHAT COUNTRY?	
				17. INFORMANT ADDRESS	
				JOHNS HOPKINS HOSPITAL	

18. 150X I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Rheumatic Heart Disease		45 yrs?	
ANTECEDENT CAUSES		DUE TO Mitral stenosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Intact aortic dissection of		2 mos.	
		DUE TO Carcinoma of the esophagus		6 mos?	
		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
8-8-52		Inoperable Carcinoma of Esophagus		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 7-29, 1952, to 8-9, 1952, that I last saw the deceased alive on 8-9, 1952, and that death occurred at 4:40 P.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Howard M. Weyl, M.D.		JOHNS HOPKINS HOSPITAL		8-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		8/12/52		Immramul	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S ADDRESS	
AUG 12 1952		Huntington Williams, M.D.		Paul J. Fleeman	
0038410780877 Nayford Rd					

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Decemur: Henry Thomas
1870-1871

Age 25 years
Cause of death: ...

Signature of Registrar

1871

1871

Witnessed by ...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7563**

1. NAME OF DECEASED (Type or Print) Elizabeth Anna Heinz		2. DATE OF DEATH August 9, 1952 July 14, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION US PHS Hospital Baltimore 11, Maryland		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore --- Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 3007 Rueckert Avenue	
9. SEX FEMALE	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	12. DATE OF BIRTH March 18, 1879
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		14. AGE (In years last birthday) 73	
15. KIND OF BUSINESS OR INDUSTRY Home		16. BIRTHPLACE (State or foreign country) Maryland	
17. FATHER'S NAME George Thomas		18. CITIZEN OF WHAT COUNTRY? USA	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		20. SOCIAL SECURITY NO. ---	
21. MOTHER'S MAIDEN NAME Clara Rother		22. INFORMANT ADDRESS Records, US PHS Hospital, Balto., Md.	

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peritonitis, generalized DUE TO Carcinoma of bladder DUE TO unknown		INTERVAL BETWEEN ONSET AND DEATH 24 hours
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Aug 10		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 14, 1952 to Aug. 10, 1952 that I last saw the deceased alive on Aug. 10, 1952 and that death occurred at 2:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE James A. Hunter, Jr., M.D., Surgeon	23B. ADDRESS US PHS Hospital, Balto., Md.	23C. DATE SIGNED Aug. 11, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 8/14/52	24C. NAME OF CEMETERY OR CREMATORY Immanuel City
24D. LOCATION (City, town or county) (State) Balto Md	25. FUNERAL DIRECTOR Paul J. Allmann	
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952		ADDRESS 6769 Maryland

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Index No. 1-1234

DATE OF DEATH
1-12-1912

PLACE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

NAME OF DECEASED

RESIDENCE

RESIDENCE

CAUSE OF DEATH

CAUSE OF DEATH

Signature

Signature

1-12-1912

1-12-1912

1-12-1912

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7564**

1. NAME OF DECEASED (Type or Print) Jenkins, William Bartholomeu		2. DATE OF DEATH 8-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE ? B. COUNTY ?	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 111 W. Lee St.			
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 22, 1868	
9. AGE (In years last birthday) 84 ?		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY State Tobacco Warehouse	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unable to obtain (William Jenkins)		14. MOTHER'S MAIDEN NAME Unable to obtain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Records: B. C. H. 4940 Eastern Ave.	

MEDICAL CERTIFICATION

18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Congestive Heart Failure				10 yrs.	
DUE TO					
(B) Cirrhosis of Liver				15 yrs.	
DUE TO					
(C)					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					

19A. DATE OF OPERATION 8-10-1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-10- , 19 52 , to 8-11- , 19 52 , that I last saw the deceased alive on 8-11-52 , 19 52 , and that death occurred at 7:20P m. , from the causes and on the date stated above.					
23A. SIGNATURE J. S. Crozer		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 8-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE AUG. 13, 1952		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEM.	
24D. LOCATION (City, town, or county) BALTA MD.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS 1217 ST. PAUL ST	
DATE RECEIVED BY LOCAL REGISTRAR AUG 12 1952					

19520007564

1907

STATE OF NEW YORK

1907

[Faint, illegible text, likely bleed-through from the reverse side of the page. The text appears to be organized into sections, possibly a list or a series of paragraphs.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 7565**BIRTH NO. **3 50 2 7565**

1. NAME OF DECEASED (Type or Print) JOHN STEIN		2. DATE OF DEATH August 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 24-02 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 632 Harvey St.	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) South Baltimore General Hospital		6. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	10. DATE OF BIRTH 11/1/1870
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster		12. AGE (In years last birthday) 81 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____	
13. FATHER'S NAME ?		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. CITIZEN OF WHAT COUNTRY? Mary E. ?	
17. SOCIAL SECURITY NO.		18. INFORMANT ADDRESS Family - Same	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. **422.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Aug. 11, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 8/13/52		24C. NAME OF CEMETERY OR CREMATORY Glen Haven	
24D. LOCATION (City, town, or county) Glen Burnie		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR James L. McCully		24H. ADDRESS 130 E. Fort Ave.		24I. DATE RECEIVED BY LOCAL REGISTRAR AUG 11 1952	

VS 151

19520007562

23 7388

23 7388

CERTIFICATE OF DEATH

1973

47



520
2 7566BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7566
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ARTHUR G. KING

2. DATE
OF
DEATH

8/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3701 7TH STREET

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3701 7TH STREET

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2/11/78

9. AGE (In years,
last birthday)

74

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PROP.

10B. KIND OF BUSINESS OR
INDUSTRY

SEA FOOD BUS.

11. BIRTHPLACE (State or foreign country)

ILLINOIS

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ADELBERT KING

14. MOTHER'S MAIDEN NAME

DIANNE ROGERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

FAMILY - SAME

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arterio-sclerotic heart disease

7 1/2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cerebral and general arterio
sclerosis.

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12/1945, to 8/10/1952, that I last saw the
deceased alive on 8/10/1952, and that death occurred at P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

1226 Hanover St.

8/12/52.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

8/13/52

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 12 1952

Huntington Williams, MD.

JAMES L. MCCULLY - 130 EAST FORT AVENUE

1 9 5 29064 0 7 5 6 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7567
Registered No.

52 7567

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary A. Howe.		Aug 11, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 3131 Tilden Drive.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-05	
c. Length of stay in Baltimore Life Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 3131 Tilden Drive.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1881 Oct 27, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired cashier		10b. KIND OF BUSINESS OR INDUSTRY May Co.	9. AGE (In years last birthday) 71 70
13. FATHER'S NAME John H. Fantom.		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Emiline McGee.	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Mary Mathias 3131 Tilden Drive	

MEDICAL CERTIFICATION

18. 163x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH A. Cause of Death B. Hypertensive Crisis - C. Renal Vascular Dis. DUE TO DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 10 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 8, 1951, to August 11, 1952, that I last saw the deceased alive on Aug 10, 1952, and that death occurred at 2:30 p. m., from the causes and on the date stated above.			
23a. SIGNATURE Charles F. O'Donnell		23b. ADDRESS 2501 York Rd.	
23c. DATE SIGNED 8/11/52		23d. M. O.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 14/52	
24c. NAME OF CEMETERY OR CREMATORY Loudon Park		24d. LOCATION (City, town, or county) (State) Frederick Rd. Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR E. Donovan		ADDRESS 3818 Roland Ave	

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RECEIVED BY THE BUREAU OF THE ARMY

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52 7568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7568

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hiram Stephen</i>			2. DATE OF DEATH <i>8-10-52</i>		
3. PLACE OF DEATH: <i>Provident Hospital</i> A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>16-02</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Maryland</i>		
6. Length of stay in Baltimore <i>11 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1519 Winchester.</i>		
7. SEX <i>male</i>	8. COLOR OR RACE <i>Negro</i>	9. (SINGLE, MARRIED, WIDOWED, DIVORCED) (Specify)	10. DATE OF BIRTH <i>April. 13. 1916</i>	11. AGE (In years last birthday) <i>36</i>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cabaret</i>			14. KIND OF BUSINESS OR INDUSTRY <i>own bus.</i>		
15. FATHER'S NAME <i>unknown</i>			16. MOTHER'S MAIDEN NAME <i>unknown</i>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>			18. SOCIAL SECURITY NO.		
19. INFORMANT <i>Mary William 107 S. Bond St</i>			20. ADDRESS		

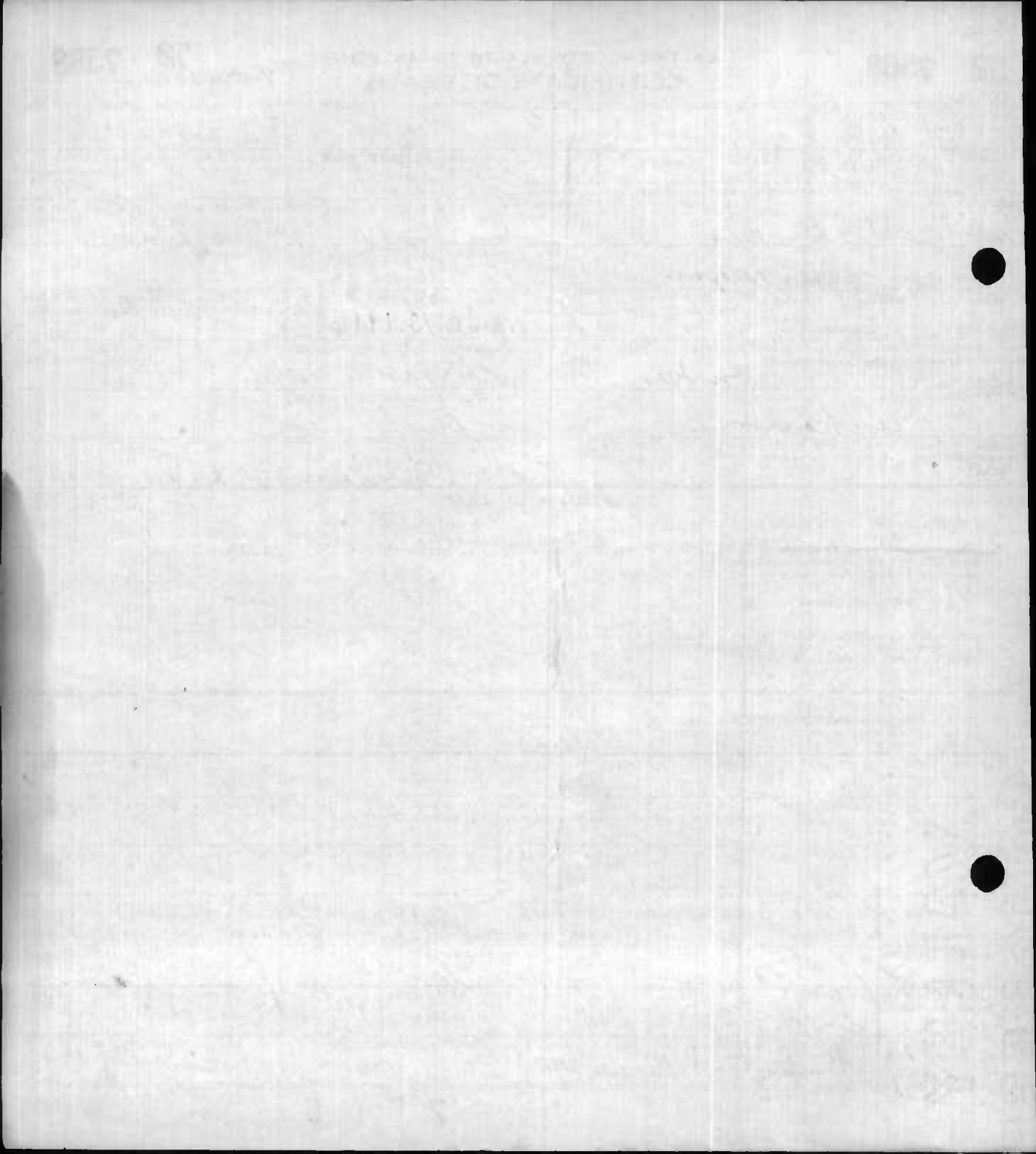
18. <i>443X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Hypertensive Cardiovascular disease</i>		<i>unknown</i>	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Hypertension</i>			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>3:10 AM 1952, to 8-10-52 3:40 PM</i>	
22. I hereby certify that I attended the deceased from <i>8/10</i> <i>Am</i> 1952, to <i>8-10-52</i> <i>PM</i> 1952, that I last saw the deceased alive on <i>8-10-52</i> , 19, and that death occurred at <i>3:40 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>8/10/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-14-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Alvey Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Eloy Wilson</i>		ADDRESS <i>1000 Beantley Ave</i>	

AUG 13 1952

1952 97099 7565



52 7569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7569
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Janet

2. DATE
OF
DEATH

Aug 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

401 Woodford Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

401 Woodford Rd.

Length of stay in Baltimore

Life

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 29, 1879

9. AGE (in years
last birthday)

72

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Draftsman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Dr Edward Janet

14. MOTHER'S MAIDEN NAME

Ella Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Harry McNally 401 Woodford Rd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CORONARY OCCLUSION

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐I hereby certify that I attended the deceased from Aug. 11, 1952, to August 11, 1952, that I last saw the
deceased alive on 8-13-1952, and that death occurred at 5:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 13 1952

Huntington Williams, M.D.

Glen J. Seitz 5249 York Rd.

Call

To 4105 at 4pm

650
52 7570
AB-160307BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7570
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Macy B. Barron Macy Barron		2. DATE OF DEATH August 9-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-02	
5. LENGTH OF STAY IN BALTIMORE 58yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 27 N. Carey Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 1-1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 78
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Christopher Hynson		14. MOTHER'S MAIDEN NAME Mary Mason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No	
17. INFORMANT Baltimore City Hospitals		ADDRESS Records: 4940 Eastern Ave.	

18. 570.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH 1. Intestinal obstruction 1A. Thrombosis left iliac (A) 2. Mesenteric thrombosis DUE TO 3. Gangrenous enteritis 4. Paralytic ileus (B) 5. Peritonitis DUE TO 6. Colostomy 7. Early gangrene left leg (C) 8. Atelectasis bases, bilat.	INTERVAL BETWEEN ONSET AND DEATH ? ? 4 days ? 48 hours ? ?
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19A. DATE OF OPERATION 2 August 8-1952	19B. MAJOR FINDINGS OF OPERATION Intestinal Obstruction	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-20-**, 19**52**, to **8-9-**, 19**52**, that I last saw the deceased alive on **8-9-**, 19**52**, and that death occurred at **11.20PM**, from the causes and on the date stated above.

23A. SIGNATURE J. J. Cozen	23B. ADDRESS 4940 Eastern Ave., Balto., Md.	23C. DATE SIGNED 8-11-1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24B. DATE Aug. 13, 1952	24C. NAME OF CEMETERY OR CREMATORY Greenmount Mausoleum	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR William Williams	ADDRESS 4510 Liberty Heights Ave.
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STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE
JANUARY 10, 1967

1

REPORT OF THE ATTORNEY GENERAL
ON THE PROCEEDINGS OF THE
COMMISSIONERS OF THE DEPARTMENT OF
SOCIAL SERVICES

IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
ON MAY 1, 1966

ALBANY, NEW YORK

1967

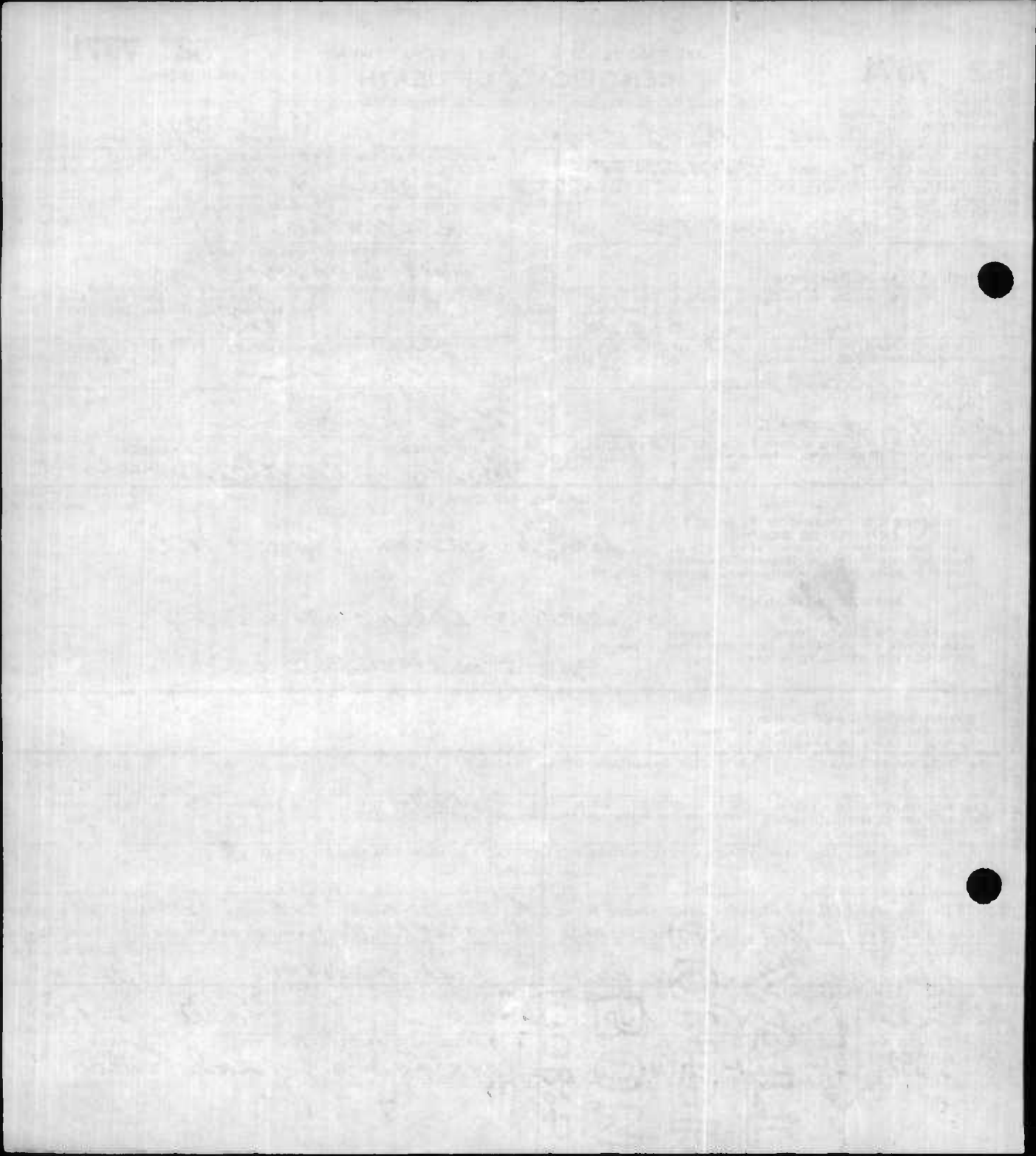
534
52 7571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7571
Registered No.

1. NAME OF DECEASED (Type or Print) GOLDIE HENDLEMAN		2. DATE OF DEATH 8/13/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland SINAI HOSPITAL		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
5. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL.		6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 15-13	
7. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 2643 QUANTICO RD		8. DATE OF BIRTH 65	
9. SEX F	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	12. AGE (In years last birthday) 65
13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mariam Needle - Same		ADDRESS	
18. 199.9 and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) GASTRO-INTESTINAL HEMORRHAGIC DUE TO DIPFUSE CARCINOMATOSIS AND DIA-BETES MELLITUS			
19. 199.9 and 260x DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/12 , 19 52 , to 8/13 , 19 52 , that I last saw the deceased alive on 8/13 , 19 52 , and that death occurred at 1:20 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Stanley M. Silberman M.D.		23B. ADDRESS SINAI HOSPITAL.	
23C. DATE SIGNED 8/13/52		24. BURIAL, CREMATION, REMOVAL (Specify)	
24B. DATE 8-13-52		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Jack Lewis	
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		19520007560	

MEDICAL CERTIFICATION



52 7572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7572
Registered No.BIRTH NO. *non res.*1. NAME OF DECEASED
(Type or Print)*Audrey Shutter*2. DATE
OF
DEATH*Aug 12, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

*Pa -**V-35*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ligonier

D. STREET ADDRESS (If rural, give location)

212 E. Fairfield St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

—

8. DATE OF BIRTH

3-31-52

9. AGE in years last birthday

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Walter Shutter

14. MOTHER'S MAIDEN NAME

Audrey Lutz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
*JOHNS HOPKINS HOSPITAL*18. *754.6*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Anomalous Pulmonary Veins -*
DUE TO *Operation today.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*none*

19A. DATE OF OPERATION

8-12-52

19B. MAJOR FINDINGS OF OPERATION

Anomalous Pulmonary Veins

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 2, 1952* to *Aug 12, 1952* that I last saw the deceased alive on *Aug 12, 1952* and that death occurred at *2:30 pm.* from the causes and on the date stated above.

23A. SIGNATURE

John H. Foster

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

24B. DATE

Aug. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS

*George F. Sander**AUG 13 1952*

VS 150

H. Sander & Sons, Inc. Balto. 13, Md.

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of coroner		14. Signature of jury		15. Signature of jury foreman	
16. Signature of jury clerk		17. Signature of jury stenographer		18. Signature of jury interpreter	
19. Signature of jury translator		20. Signature of jury interpreter		21. Signature of jury translator	
22. Signature of jury interpreter		23. Signature of jury translator		24. Signature of jury interpreter	
25. Signature of jury translator		26. Signature of jury interpreter		27. Signature of jury translator	
28. Signature of jury interpreter		29. Signature of jury translator		30. Signature of jury interpreter	
31. Signature of jury translator		32. Signature of jury interpreter		33. Signature of jury translator	
34. Signature of jury interpreter		35. Signature of jury translator		36. Signature of jury interpreter	
37. Signature of jury translator		38. Signature of jury interpreter		39. Signature of jury translator	
40. Signature of jury interpreter		41. Signature of jury translator		42. Signature of jury interpreter	
43. Signature of jury translator		44. Signature of jury interpreter		45. Signature of jury translator	
46. Signature of jury interpreter		47. Signature of jury translator		48. Signature of jury interpreter	
49. Signature of jury translator		50. Signature of jury interpreter		51. Signature of jury translator	
52. Signature of jury interpreter		53. Signature of jury translator		54. Signature of jury interpreter	
55. Signature of jury translator		56. Signature of jury interpreter		57. Signature of jury translator	
58. Signature of jury interpreter		59. Signature of jury translator		60. Signature of jury interpreter	
61. Signature of jury translator		62. Signature of jury interpreter		63. Signature of jury translator	
64. Signature of jury interpreter		65. Signature of jury translator		66. Signature of jury interpreter	
67. Signature of jury translator		68. Signature of jury interpreter		69. Signature of jury translator	
70. Signature of jury interpreter		71. Signature of jury translator		72. Signature of jury interpreter	
73. Signature of jury translator		74. Signature of jury interpreter		75. Signature of jury translator	
76. Signature of jury interpreter		77. Signature of jury translator		78. Signature of jury interpreter	
79. Signature of jury translator		80. Signature of jury interpreter		81. Signature of jury translator	
82. Signature of jury interpreter		83. Signature of jury translator		84. Signature of jury interpreter	
85. Signature of jury translator		86. Signature of jury interpreter		87. Signature of jury translator	
88. Signature of jury interpreter		89. Signature of jury translator		90. Signature of jury interpreter	
91. Signature of jury translator		92. Signature of jury interpreter		93. Signature of jury translator	
94. Signature of jury interpreter		95. Signature of jury translator		96. Signature of jury interpreter	
97. Signature of jury translator		98. Signature of jury interpreter		99. Signature of jury translator	
100. Signature of jury interpreter		101. Signature of jury translator		102. Signature of jury interpreter	

525
52 7573BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7573

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Marll Johnson

2. DATE
OF
DEATH

August 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

31 Birkhead Street

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

31 Birkhead Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 24, 1865

9. AGE (In years

last birthday)

86

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Schultz

14. MOTHER'S MAIDEN NAME

Margaret Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dena Scarborough, 31 Birkhead Street

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 7:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

8/14/52

Cedar Hill Cemetery

Anne Arundel County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UG 1 31952

Huntington Williams, M.D.

Wm. Cook, Jr., 1210 St. Paul Street

VS 150

Authorized by Dr. Eric C. Smith - medical exam

NOT A MEDICAL EXAMINER'S CASE

M.D.
CHIEF OR ASST. MEDICAL EXAMINER

52 7574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7574

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA M. SHIELDS

2. DATE
OF
DEATH

8/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

432 N. Broadway

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

June 1, 1925

9. AGE (In years
last birthday)

27

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR
INDUSTRY

Crystal Bar Restaurant

11. BIRTHPLACE (State or foreign country)

Altoona, Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank S. Shields

14. MOTHER'S MAIDEN NAME

Anna Martha Ault

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
196-14-840717. INFORMANT
Apt. G-3, Sunnyside Home
Harry M. Shields, Winston Salem, N. C.

18. 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Diabetes Mellitus

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pyelonephritis

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

8/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8/13/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Cemetery

24D. LOCATION (City, town, or county)

Parkville,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

MEDICAL CERTIFICATION

02 224

8/10/20

10/10/20

11/10/20

12/10/20

1/10/21

2/10/21

3/10/21

4/10/21

5/10/21

6/10/21

7/10/21

8/10/21

9/10/21

10/10/21

11/10/21

12/10/21

1/10/22

2/10/22

3/10/22

4/10/22

5/10/22

6/10/22

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9/10/22

10/10/22

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7575
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CATHERINE M. DAVIES			2. DATE OF DEATH Aug. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 683 Washington Blvd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02		
C. Length of stay in Baltimore _____ Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 683 Washington Blvd.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1908		9. AGE (In years last birthday) 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MMX Janitress		10B. KIND OF BUSINESS OR INDUSTRY Koester's Bakery	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME George Curry			14. MOTHER'S MAIDEN NAME Anna (Unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Mrs Mildred C. Krutchman, 1803 Yakoma Rd.		

18. 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma - Breast - ef. (A) _____ DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH _____
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	

19A. DATE OF OPERATION 8/14/52		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> m. _____		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 8/8 , 19 52 , to 8/12 , 19 52 , that I last saw the deceased alive on 8/12 , 19 52 , and that death occurred at 7A m., from the causes and on the date stated above.					
23A. SIGNATURE Samuel Ehrlich M. D.		23B. ADDRESS 11 W. Biddle St		23C. DATE SIGNED 8/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/14/52		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	
				24D. LOCATION (City, town, or county) (State) Baltimore County, Md.	

DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD.		25. FUNERAL DIRECTOR ADDRESS 1219 5th St	
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MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

IN TESTE

WITNESSES

THE STATE OF TEXAS

County of _____ State of Texas
I, _____, County Clerk of said County, do hereby certify that the foregoing is a true and correct copy of the original of the same as the same appears from the records of said County.

WITNESSED my hand and the seal of said County at _____ this _____ day of _____ 19____.

County Clerk

52 7576

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52-7576
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		HELEN L. SADER		2. DATE OF DEATH Aug. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2604 E. Preston St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-03			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2604 E. Preston St.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1898	9. AGE (In years last birthday) 54	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Isaac Laisure			14. MOTHER'S MAIDEN NAME Edith Gammill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Augustus A. Sader, 2604 E. Preston St.	

18. 420.1	I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A)	Coronary Thrombosis		
	ANTECEDENT CAUSES		DUE TO			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	Atherosclerotic Cardiovascular Disease		
			DUE TO			
			(C)	Hypertension		
II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			
22. I hereby certify that I attended the deceased from Aug. 2, 1952, to Aug. 11, 1952, that I last saw the deceased alive on Aug. 11, 1952, and that death occurred at 8:10 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Dorothy B. B. B.		1331 E. North Ave.		8-12-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		8/15/52		Moreland Park	
				24D. LOCATION (City, town, or county) (State)	
				Baltimore County, Md.	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
JG 1 3 1952	Huntington Williams, M.D.	M. J. Jones	1219 St. Paul St

1 9 5 2 0 2 2 7 5 7 5

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STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES

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52 7577

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7577

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Vassili Tomingas		2. DATE OF DEATH Aug. 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) US PHS Hospital Baltimore 11, Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore ---		D. STREET ADDRESS (If rural, give location) 729 McHenry Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 29, 1905	9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler		10B. KIND OF BUSINESS OR INDUSTRY Seafaring		11. BIRTHPLACE (State or foreign country) Estonia	
12. CITIZEN OF WHAT COUNTRY? US		13. FATHER'S NAME Andrea Tomingas		14. MOTHER'S MAIDEN NAME Christina	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO. --		17. INFORMANT ADDRESS Records, US PHS Hospital, Balto., 11, Md.	
18. 204.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute monocytic leukemia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Acute monocytic leukemia		INTERVAL BETWEEN ONSET AND DEATH 6 months	
19A. DATE OF OPERATION 21		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 21 , 19 52 to Aug. 9 , 19 52 that I last saw the deceased alive on Aug. 9 , 19 52 , and that death occurred at 4:00 P. , from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter, Sr. Surgeon		23B. ADDRESS US PHS Hospital, Balto., 11, Md.		23C. DATE SIGNED 8-12-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-13-52		24C. NAME OF CEMETERY OR CREMATORY St Peters	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 2503 Edmondson Ave.			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7578
Registered No.

BIRTH NO. 52 7578

1. NAME OF DECEASED
(Type or Print)

Helen M. W. Henkell

2. DATE
OF
DEATH

August 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Bon Secours Hospital

C. Birth of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Henry Kesterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

4/15/79

9. AGE (In years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Arianna Reese

17. INFORMANT

ADDRESS

John Henkell, 28 N. Smallwood St.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 WK.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1952 to Aug 12, 1952, that I last saw the deceased alive on Aug 12, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

BON SECOURS HOSP

8/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 13 1952

Huntington Williams, M.D.

4101 Edmondson Ave.

VS 150

520 7575

1937

22

RECEIVED

1937



AB-161835

CERTIFICATE CORRECTED

11/14/52

ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 7579

Registered No.

00
52 7579
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Edith Thal		2. DATE OF DEATH		Aug. 12-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.				A. STATE Maryland			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-03				B. COUNTY			
D. STREET ADDRESS (If rural, give location) 2207 Mulliken St.				E. CITY OR TOWN			
F. DATE OF DEATH 5 days?				G. DATE OF BIRTH			
H. SEX F				I. AGE (In years last birthday) 72			
J. COLOR OR RACE W				K. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			
L. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				M. KIND OF BUSINESS OR INDUSTRY at home			
N. FATHER'S NAME Don't Know				O. MOTHER'S MAIDEN NAME Don't Know			
P. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				Q. SOCIAL SECURITY NO.			
R. INFORMANT 4940 Eastern Ave., Records: Baltimore City Hospitals				S. ADDRESS			

18. 446 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Uremia		DUE TO		48hrs.	
ANTECEDENT CAUSES		(B) Arteriolar nephrosclerosis		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-7-1952 to 8-12-1952, that I last saw the deceased alive on 8-12-1952, and that death occurred at 1:15 PM., from the causes and on the date stated above.

23A. SIGNATURE J.S. Rogers		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 8-12-1952	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Aug 15 1952		24C. NAME OF CEMETERY OR CREMATORY East United Ev		24D. LOCATION (City, town, or county) (State) Balt	
--	--	--------------------------	--	--	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Mulliken Funeral Home		ADDRESS 2004 Orleans	
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WAS IN
SOUTHWEST
CNCB
SANDHOG
AETNA

650
52 7580BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7580
Registered No.

1. NAME OF DECEASED (Type or Print) Brown, Luther O			2. DATE OF DEATH Aug. 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) A. STATE Maryland B. COUNTY 13-08		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Zone 11		
C. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1202 Weldon Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Nov. 30, 1884	9. AGE (In years, last birthday) 67	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder			10B. KIND OF BUSINESS OR INDUSTRY B. O. Railroad		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Albert H. Brown			14. MOTHER'S MAIDEN NAME Anna Mary Steigewald		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 705-05-5593		
17. INFORMANT SON, Rev. Lawrence Brown			ADDRESS 1202 Weldon Ave		

18. **443X** I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Hypertensive Chronic Cardio Vascular Disease**
DUE TO
(B) **Mraemia**
DUE TO
(C) _____
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-5**, 19**52** to **8-11**, 19**52**, that I last saw the deceased alive on **8-11**, 19**52**, and that death occurred at **7:30 Pm.**, from the causes and on the date stated above.23A. SIGNATURE
Caroline J. Bathrick M.D.
M. D.
23B. ADDRESS
Maryland General Hospital
23C. DATE SIGNED
8-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 14-1952	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	24D. LOCATION (City, town, or county) (State) Pikesville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Burge Funeral Home	ADDRESS 3631 Falls Road

DEPARTMENT OF COMMERCE

OFFICE OF THE SECRETARY

1921

1921

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626
52 7581BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7581
Registered No.

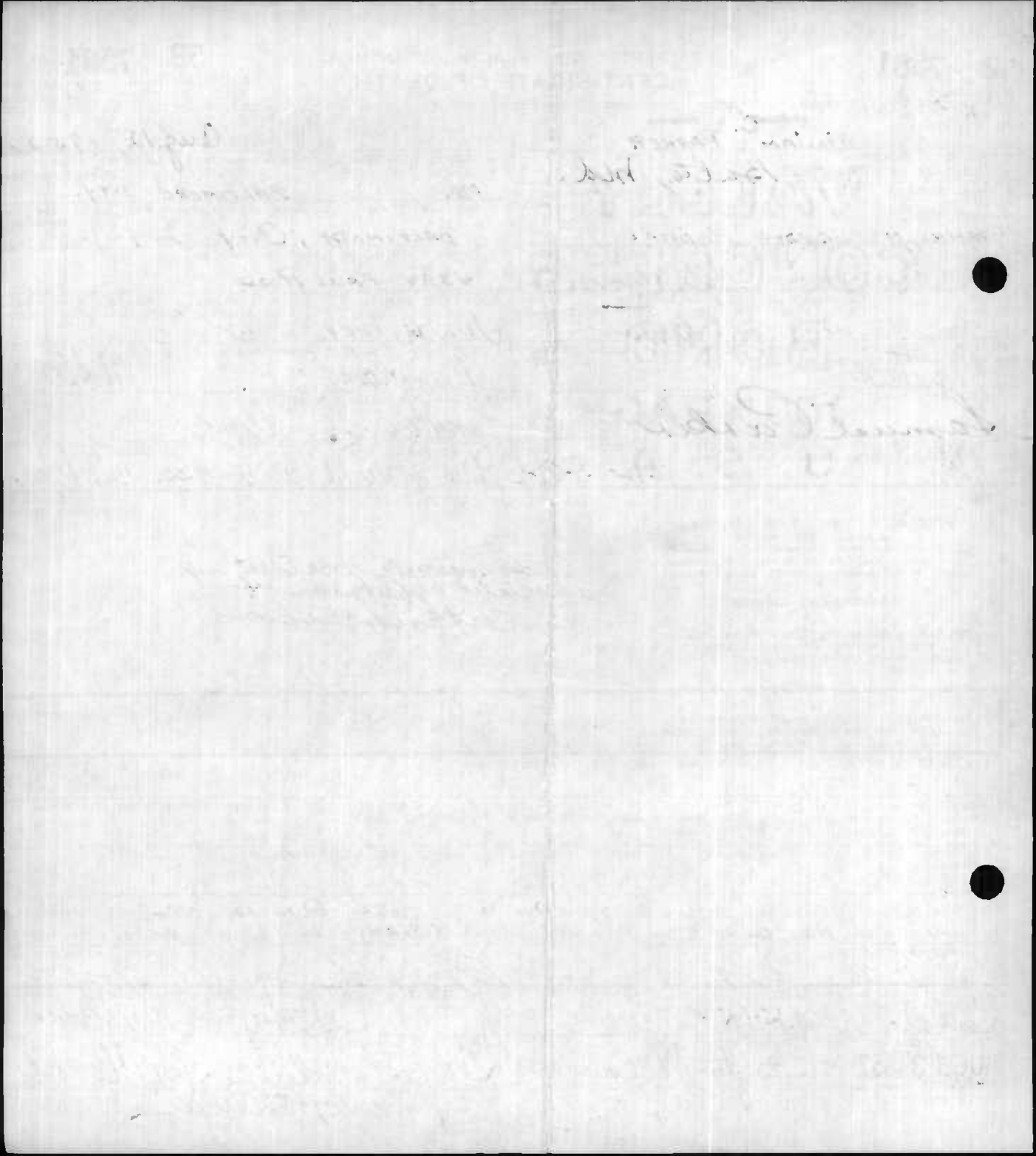
1. NAME OF DECEASED (Type or Print) William C. PARKER		2. DATE OF DEATH Aug 12 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, Md.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY BALTIMORE CITY.	
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLYN SQUARE HOSPITAL.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, City. 27-15	
Length of stay in Baltimore 60 years		D. STREET ADDRESS (If rural, give location) 4336 FALLS ROAD.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10B. KIND OF BUSINESS OR INDUSTRY Const.	9. AGE (In years last birthday) 68
13. FATHER'S NAME Samuel Parker		14. MOTHER'S MAIDEN NAME Cornelius Holland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-03-5746	
17. INFORMANT Mrs. Emma M. Parker		ADDRESS 4336 Falls Road	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebrovascular accident of associated hypertension & arteriosclerosis		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION .. 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 6 , 1952 to Aug 12 , 1952 that I last saw the deceased alive on Aug. 12 , 1952 and that death occurred at 5:55 AM from the causes and on the date stated above.			
23A. SIGNATURE William C. Parker		23B. ADDRESS Franklin Square	
23C. DATE SIGNED 8/12/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 15-1952	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Park		24D. LOCATION (City, town, or county) (State) Baltimore, Co. Maryland	
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD.	
25. FUNERAL DIRECTOR George Funeral Home		ADDRESS 3631 Falls Road	

VS 150

523 25

Horace F. Turgeon

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7582
Registered No.

52 7582

1. NAME OF DECEASED (Type or Print) HILDA CRAWFORD		2. DATE OF DEATH August 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05	
D. STREET ADDRESS (If rural, give location) 2217 Christian Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 9, 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 49 # Under 1 Year Months Days # Under 24 Hours Hours Min.
13. FATHER'S NAME Jacob Deares		14. MOTHER'S MAIDEN NAME Rose Trautner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Beverley Gray		ADDRESS 2217 Christian St.	

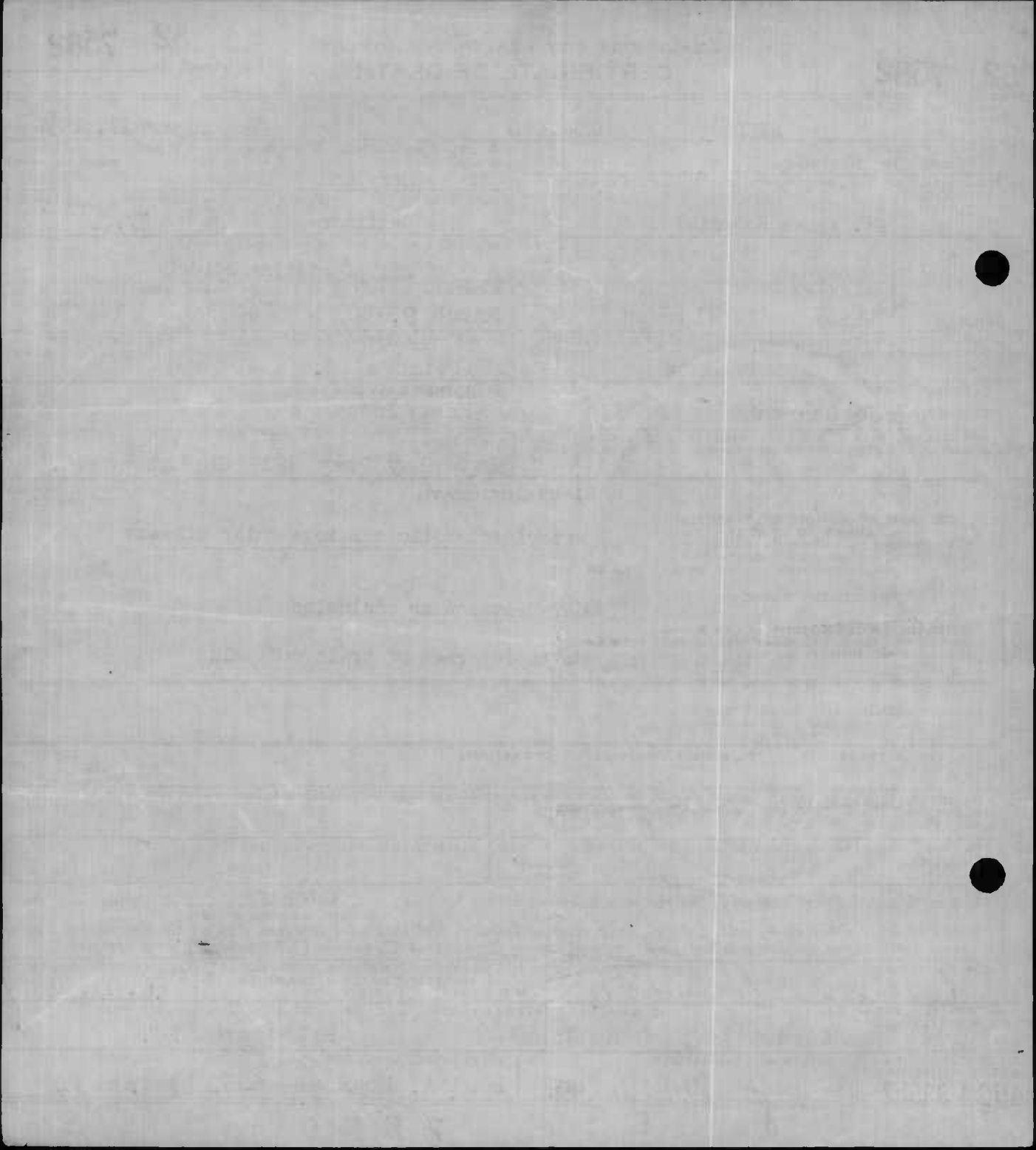
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) 5000X		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebrovascular occlusion (B) 5000X		
Multiple areas of brain softening (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Huntington Williams, M.D.</i>	M.D.	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>	23C. DATE SIGNED Aug. 11, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE August 14, 52	24C. NAME OF CEMETERY OR CREMATORY National	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS Paul A. Heemann 6067 Harford Rd	

V S 151 1952-07579

MEDICAL CERTIFICATION



236

52 7583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7583
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Grace G. Foster</i>		2. DATE OF DEATH <i>8/15/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mayland E. Hosp.</i>			
C. Length of stay in Baltimore <i>LIFE</i>		Yrs. Mos. Days	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>John N. Foster</i>		14. MOTHER'S MAIDEN NAME <i>Eliza Gluck</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Naomi I. Foster</i>		ADDRESS <i>578 Rosehill</i>	

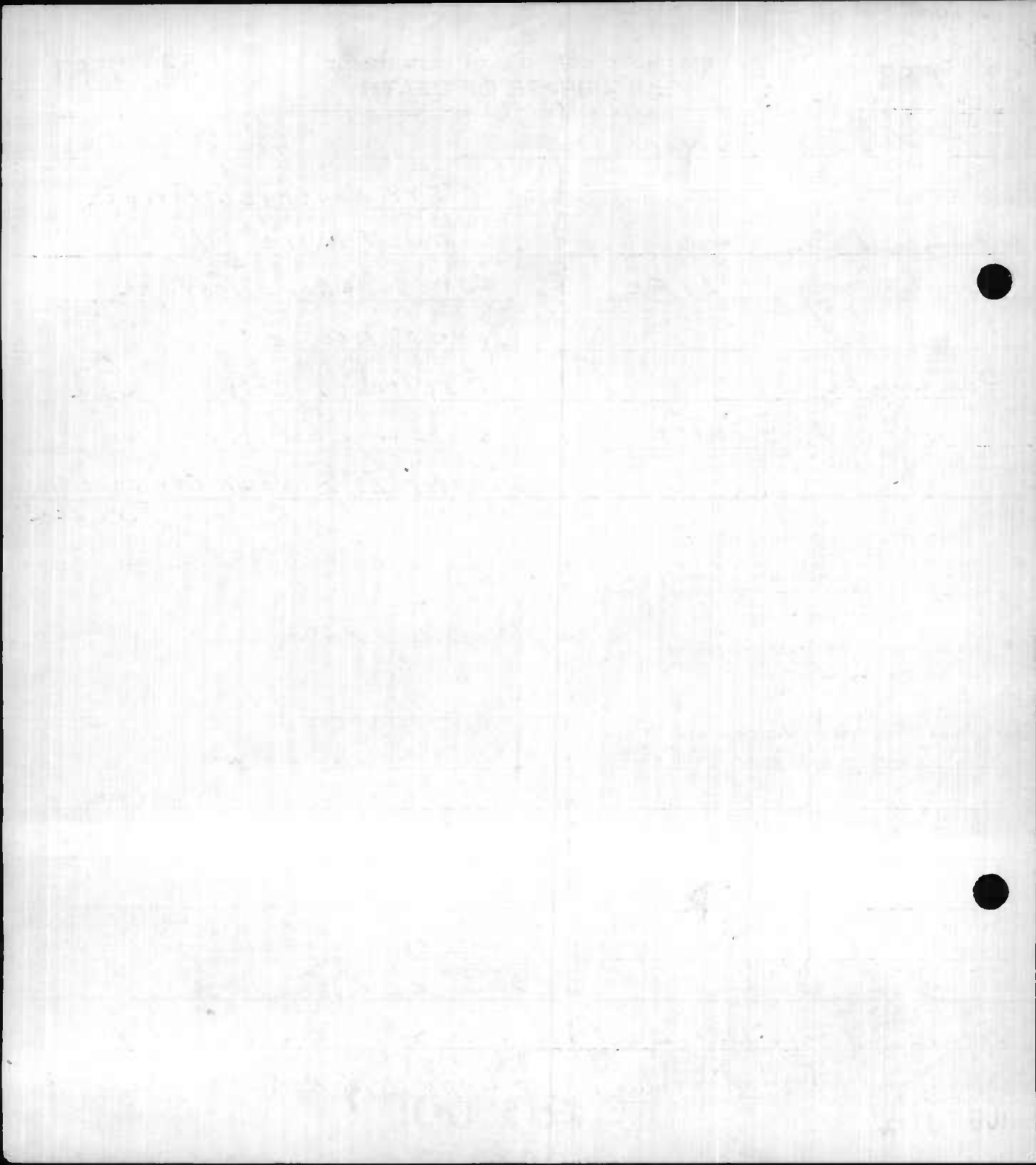
18. <i>155X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Unresected abdominal carcinoma</i> DUE TO (A) <i>Unresected abdominal carcinoma</i> (B) <i>Cyanosis of Ventr.</i> (C) <i>6 mo +</i>	CAUSE OF DEATH <i>INTERNAL BETWEEN ONSET AND DEATH</i> <i>3 mo.</i> <i>6 mo +</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>8/15/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>1/25</i> , 1952, to <i>8/12</i> , 1952, that I last saw the deceased alive on <i>8/12</i> , 1952, and that death occurred at <i>4:55 A.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>E. Bryant</i>		23B. ADDRESS <i>Mayland E. Hosp.</i>		23C. DATE SIGNED <i>8/15/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Aug 15, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>BALTIMORE Cem</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO. CITY</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>31952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	25. FUNERAL DIRECTOR <i>JOHN A. MORGAN</i> ADDRESS <i>3800 E BALTO ST</i>

AUG 15 1952

18520



552
52 7584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 52 7584
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mrs. Anna Manning		2. DATE OF DEATH 8/12/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		D. STREET ADDRESS (If rural, give location) 5514 Link Ave. 5300		C. DATE OF BIRTH 9/19/1894	
c. Birth of stay in Baltimore 58 Yrs. 8 Mos. 12 Days		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
5. SEX Female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
13. FATHER'S NAME William Stallings		14. MOTHER'S MAIDEN NAME Mary E. Cavanaugh		12. CITIZEN OF WHAT COUNTRY? United States	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Andrew Manning	
18. 550.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Saddle Thrombus--Bifurcation of Aorta From: 8/7/52 DUE TO (B) Appendical abacers--Ruptured Appendix To: 8/12/52 DUE TO (C) Ruptured Appendix		INTERVAL BETWEEN ONSET AND DEATH		ADDRESS 5514 Link Ave.	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellites		19a. DATE OF OPERATION 8/8/52		19b. MAJOR FINDINGS OF OPERATION Saddle Thrombus Bifurcation Aorta - Appendical abacers	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., home or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/10/52, 19__, to 8/12/52, 19__, that I last saw the deceased alive on 8/12/52, 19__, and that death occurred at 8:05 A. M., from the causes and on the date stated above.		23a. SIGNATURE John E. Carroll Jr.		23b. ADDRESS Bon Secours	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/14/52		24c. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24d. LOCATION (City, town, or county) 4300 Old Frederick Rd.		24e. DATE RECEIVED BY LOCAL REGISTRAR G 13 1952		24f. REGISTRAR'S SIGNATURE Huntington Williams, MD.	
24g. FUNERAL DIRECTOR John J. Cowan		24h. ADDRESS Don Hollins		24i. DATE SIGNED 8/12/52	

MEDICAL CERTIFICATION

650

52 7585

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7585

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wenzel

Schramm (SCHRAMM)

2. DATE
OF
DEATH

AUG. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1349 STONEWOOD RD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-09

D. STREET ADDRESS (If rural, give location)

1349 STONEWOOD RD.

C. Length of stay in Baltimore

50 YRS.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT. 28, 1867

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR
INDUSTRY

L. GRIEF CO.

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

THERESA TABOR 1349 STONEWOOD RD.

18. 502.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Myocardial insufficiency

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Chronic bronchitis

35 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1942 to Aug. 12, 1952, that I last saw the
deceased alive on Aug. 11, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

S. L. Lenz

M. D.

23B. ADDRESS

2322 Eastman place

23C. DATE SIGNED

8-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

8/14/52

24C. NAME OF CEMETERY OR CREMATORY

OAKLAND CEMT.

24D. LOCATION (City, town, or county)

BALTIMORE CO. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

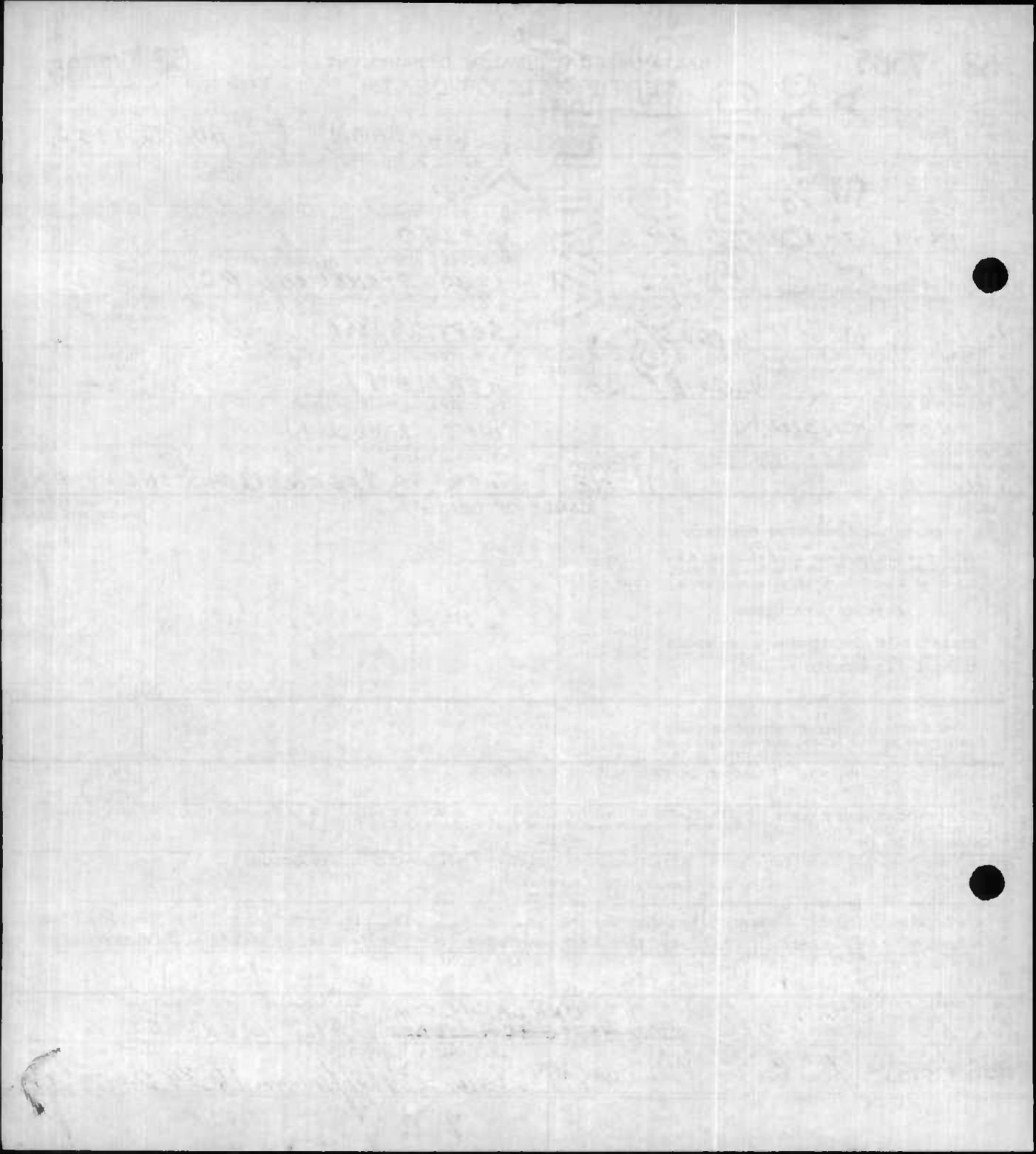
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Blauvelt & Hoffmann 1639 Broadway



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7586
Registered No.

52 7586

1. NAME OF DECEASED (Type or Print) OBIE DALE FIELDS		2. DATE OF DEATH August 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE North Carolina B. COUNTY V-30	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greensboro	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1010 S. Acocck Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 24, 1916
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10B. KIND OF BUSINESS OR INDUSTRY self employed	9. AGE (In years last birthday) 36
13. FATHER'S NAME Andrew Fields		14. MOTHER'S MAIDEN NAME Ida Cockman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Hanes Funeral Home-401 W. Market St.,	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8/13/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED August 13, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 8/13/52	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) Greensboro, N.C.	

DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD.	25. FUNERAL DIRECTOR Wm. J. Tickner & Sons	ADDRESS Baltimore 17, Md.
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IN SENATE,
January 10, 1906.

REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE,
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE,
MAY 1, 1905.

ALBANY:
J. B. LIPPINCOTT & COMPANY,
PRINTERS,
1906.

Med. Exam Case
5236
7587

Released to hospital

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7587
Registered No.

1. NAME OF DECEASED (Type or Print) William Anderson			2. DATE OF DEATH Aug 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Bethesda, City			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 20 yrs.			D. STREET ADDRESS (If rural, give location) 12 N. Bond St.		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 27, 1911	9. AGE (In years last birthday) 40	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School			10B. KIND OF BUSINESS OR INDUSTRY On Gen.		
11. BIRTHPLACE (State or foreign country) Stanover Co. Va.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John William Anderson			14. MOTHER'S MAIDEN NAME Clair James		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) m			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSP			ADDRESS		

18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular CAUSE OF DEATH 4-6 mo. DUE TO renal disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 1:34 m., from the causes and on the date stated above.				
23A. SIGNATURE Charles Franklin Williams M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 8/11/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-14-52	24C. NAME OF CEMETERY OR CREMATORY Bethesda Cem.	24D. LOCATION (City, town, or county) (State) Ashland Va	
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elroy Wilson 1015 Brantly Ave		

NOT A MEDICAL EXAMINER'S CASE
William J. Smith
CHIEF OR ASST. MEDICAL EXAMINER

250
455
52 7588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7588

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY S. JACKSON (Coleman)		10 AUG. 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		A. STATE MARYLAND B. COUNTY	
5. SEX F		6. DATE OF BIRTH 5/8/1900	
6. COLOR OR RACE NEGRO		7. AGE (In years last birthday) 52	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 5/8/1900	
8. LENGTH OF STAY IN BALTIMORE ?		9. AGE (In years last birthday) 52	
9. SEX F		10. UNDER 1 Year Months Days	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME JOHN Phillips		11. BIRTHPLACE (State or foreign country) W. VIRGINIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MARY BROWN	
17. INFORMANT JAMES Phillips		ADDRESS SAME	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) CEREBRAL edema & ANOXIA		38 HRS
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY	
(B) CARDIAC ARREST		
(C) SPINAL ANESTHESIA		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1. Recurrent Adeno carcinoma, primary in uterus. 2. Diabetes Mellitus.	

19A. DATE OF OPERATION 8 Aug 52	19B. MAJOR FINDINGS OF OPERATION Operation not started except to massage heart	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) UNIV. HOSP.	21C. WHERE DID INJURY OCCUR? UNIV. HOSP.
21D. TIME (Month) (Day) (Year) (Hour) AUG 52, 11 ¹⁵ A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? SPINAL ANESTHESIA FOLLOWED IN ABOUT 15 MINS. BY CARDIAC ARREST.
22. I hereby certify that I attended the deceased from 1 AUG, 1952, to 10 AUG, 1952, that I last saw the deceased alive on 9 AUG, 1952, and that death occurred at 1 ¹⁵ A.m., from the causes and on the date stated above.		
23A. SIGNATURE Samuel W. Deisher, M.D.	23B. ADDRESS University Hospital	23C. DATE SIGNED 8/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 8/14/52	24C. NAME OF CEMETERY OR CREMATORY Mt. CALVARY CEM.	24D. LOCATION (City, town, or county) (State) A.A. COUNTY, MD.
DATE RECEIVED BY AUG 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Charles H. Gopher	ADDRESS 512 Carrollton Ave.

VS 150
1999.2
TO BE REVIEWED BY MEDICAL EXAMINER

53 1508

CERTIFICATE OF DEATH

53 1508

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CERTIFICATE OF DEATH

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CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 7589

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM A. SCHANINGER

2. DATE
OF
DEATH

AUG. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

325 E. 22nd St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 6, 1860

9. AGE (In years last birthday)

81 80

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Messenger service

10B. KIND OF BUSINESS OR INDUSTRY

Newspaper

13. FATHER'S NAME

Edward Schaninger

11. BIRTHPLACE (State or foreign country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Julia Repp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Sidney Spafford - Braceliff - Arnold P.O. Md.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRO-VASCULAR ACCIDENT

3 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIO-VASCULAR DIS.

?

(C) GENERALIZED ARTERIOSCLEROSIS

?

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 12, 1952, to AUG. 12, 1952, that I last saw the deceased alive on AUG. 12, 1952, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John M. Scott

23B. ADDRESS

8 LONGWOOD ROAD, #10

23C. DATE SIGNED

AUG 13, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/14/52

24C. NAME OF CEMETERY OR CREMATORY

Gruid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AUG 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

Chas. H. Means and Son - 805 N. Calvert St.

ADDRESS

SECRET

CONFIDENTIAL

DECLASSIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7590
Registered No.

7590
436
BIRTH NO.

1. NAME OF DECEASED (Type or Print) SISTER MARY LEON WALTER S.S.N.D.		2. DATE OF DEATH Aug 12 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY 10-00	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Mercy Hospital Balto		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore city	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 901 Asquith St	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 2 1894
9. AGE (In years last birthday) 58 yrs		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Religious Sister (nun)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Boston mass		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James P Walter		14. MOTHER'S MAIDEN NAME Rose Gray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Dr.		ADDRESS	

18. 584X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH Acute massive Pulmonary Embolism (A) _____ DUE TO _____ (B) Hypertensive A-S C-V disease DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH 8 min 10 yrs
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION July 26 1952	

19B. MAJOR FINDINGS OF OPERATION Chronic Cholecystitis with lithiasis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jul 21, 1952**, to **Aug 12, 1952**, that I last saw the deceased alive on **Aug 12, 1952** and that death occurred at **2:00 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Leonard J. Huntington, M.D.	23B. ADDRESS Mercy Hosp	23C. DATE SIGNED Aug 12 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 8-14-52	24C. NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM, NOTCH CLIFF NR. TOWSON	24D. LOCATION (City, town, or county) (State) 901 S. CONKLING ST
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DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	FUNERAL DIRECTOR Charles S. Geiler
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875FW

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7591
Registered No.

236
52 7591

1. NAME OF DECEASED (Type or Print) ANNA POSTEHER			2. DATE OF DEATH August 11, 1952.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 348 S. Drew St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1014 S. Ellwood Ave.					
c. Length of stay in Baltimore Yrs. Mos. Days					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 8, 1875		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Frederick Hiller		
14. MOTHER'S MAIDEN NAME Wilhelmina ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. -----			17. INFORMANT ADDRESS Anna Waldo 348 S. Drew St.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Arteriosclerosis C.V. Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH June 2/52 June 2/52 July 3/52 Aug 9/52
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Chronic Myocarditis - DUE TO Secondary Anemia.		
		(C) Myocardial Failure.		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? Home	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? None			

22. I hereby certify that I attended the deceased from **June 2, 1952** to **August 11, 1952**, that I last saw the deceased alive on **Aug 10, 1952**, and that death occurred at **6:30 A.M.** from the causes and on the date stated above.

23A. SIGNATURE [Signature]		23B. ADDRESS 8421 East Ave		23C. DATE SIGNED 8-12-52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE August 14, 1952		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
				24D. LOCATION (City, town, or county) (State) 7225 Eastern Ave. Ba. Co., Md	

DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Charles S. Seiler 901 S. Conkling St.	
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1937

STATE OF NEW YORK
CERTIFICATE OF DEATH

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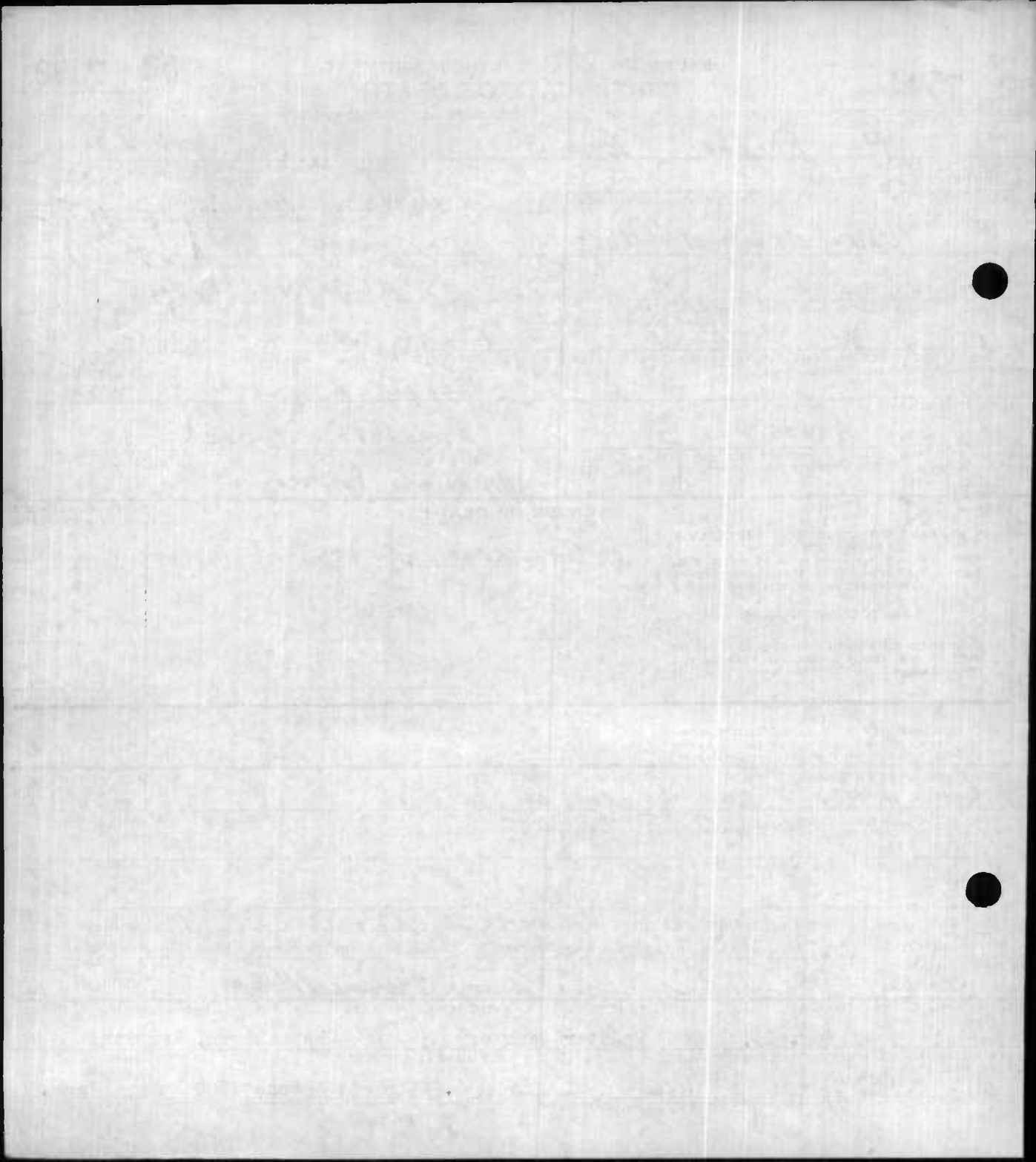
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7592**

1. NAME OF DECEASED (Type or Print) Mary Elizabeth Evans		2. DATE OF DEATH 8-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 83 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3115 N. Calvert Street	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Aug. 14, 1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 83	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Hines		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Rebecca Patterson		ADDRESS Same	

18. 157x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of head of Pancreas DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION April 14, 1952		19B. MAJOR FINDINGS OF OPERATION Ca of head of Pancreas		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) CONJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 20, 1952 , to Aug 11, 1952 , that I last saw the deceased alive on Aug 11, 1952 , and that death occurred at 11:05 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Louise Schrauf		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 8-11-52	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE Aug. 14, 1952		24C. NAME OF CEMETERY OR CREMATORY Chester Cemetery	
24D. LOCATION (City, town, or county) (State) Chestertown, Maryland		25. FUNERAL DIRECTOR John O. Mitchell & Sons 1900 Eutaw Place.			



450
7593

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7593

Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Vennetta McKenzie Mollen		2. DATE OF DEATH 8/7/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland YES		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Month of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1122 E. 36th St, Balto-18-Md.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/30/1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Price McKenzie		14. MOTHER'S MAIDEN NAME Laura Neff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. Luther E. Mellen-1122 E. 36th Street		ADDRESS	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) GENERALIZED CARCINOMATOSIS DUE TO CARCINOMA OF BREAST DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE 14, 1952 to AUG. 7, 1952 , that I last saw the deceased alive on AUG 7, 1952 , and that death occurred at 10:00 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE C. M. Nelson		23B. ADDRESS BON SECOURS HOSP	
23C. DATE SIGNED AUG 7, 1952		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 8-11-52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	
24D. LOCATION (City, town, or county) Pikesville, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952	
REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons - North & Penna Ave	
25. ADDRESS Balto. 17, Md.		VS 150	

MEDICAL CERTIFICATION

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552
2 7594BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7594

BIRTH NO.

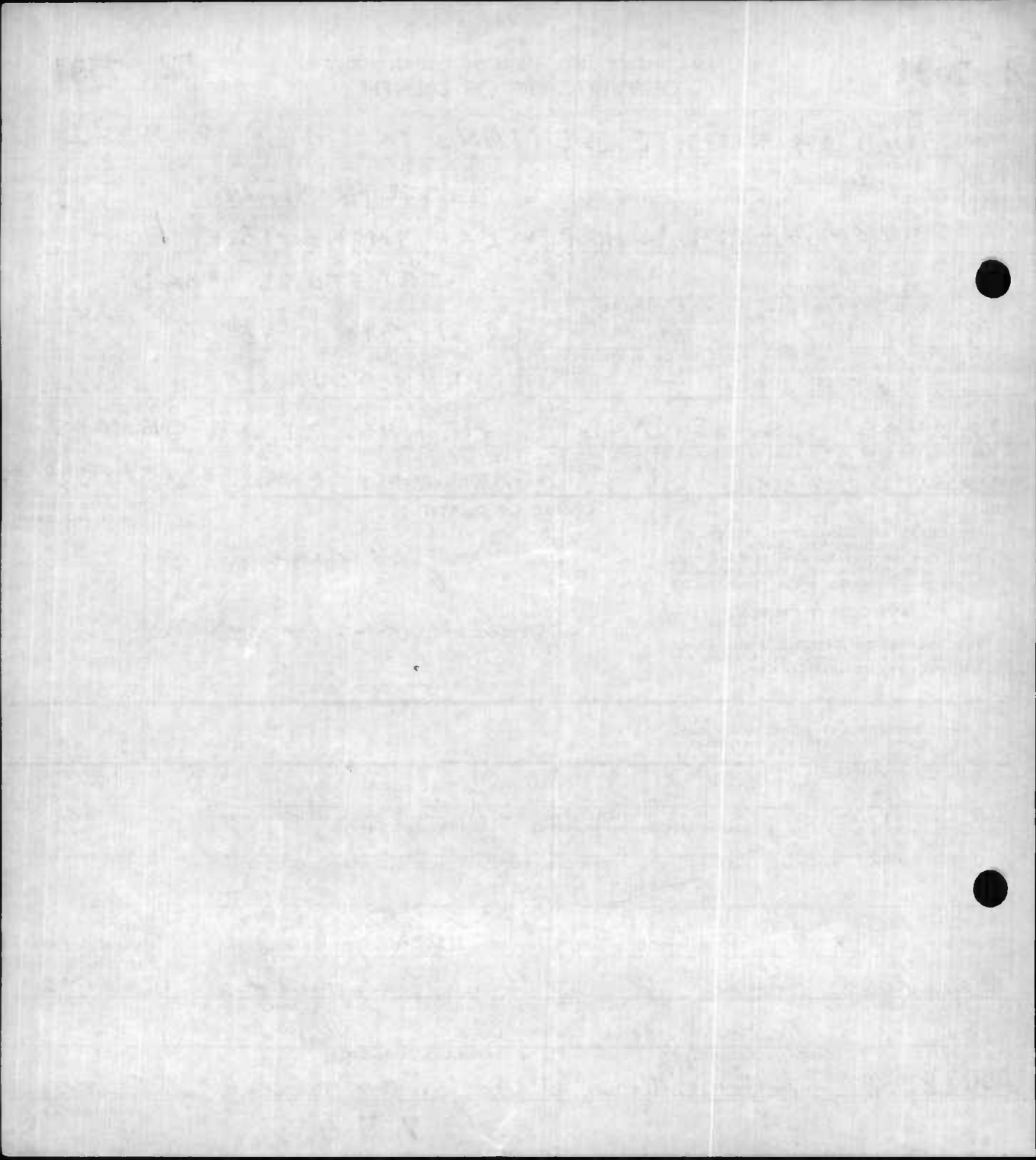
1. NAME OF DECEASED (Type or Print) WILLIAM RITCHIE SEMANS JR		2. DATE OF DEATH 8-8-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE MARYLAND b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - 18 12-01	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 3 STRAFFORD ROAD	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 9-21-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (in years last birthday) 55
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME THOMAS B.S. SEMANS		14. MOTHER'S MAIDEN NAME VIRGINIA BELLE SMITH SEMANS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN World War #1		16. SOCIAL SECURITY NO. ? NO	
17. INFORMANT MRS. NANCY SEMANS		ADDRESS 3 STRAFFORD RD. BALT. - 18	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion	CAUSE OF DEATH (A) Coronary occlusion DUE TO	INTERVAL BETWEEN ONSET AND DEATH 11 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic heart disease	(B) Arteriosclerotic heart disease DUE TO	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 8-11-52		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 7-29 , 19 52 to 8-8 , 19 52 , that I last saw the deceased alive on 8-8 , 19 52 , and that death occurred at 11:20 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE Harvey S. Green, Jr.		23b. ADDRESS Union Memorial Hosp.		23c. DATE SIGNED 8-8-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/11/52	24c. NAME OF CEMETERY OR CREMATORY DRUID RIDGE CEM	24d. LOCATION (City, town, or county) (State) PIKESVILLE MD

DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Johnson & Sons Inc. Balt. Md	ADDRESS
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52 7595
BIRTH NO. 161911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7595
Registered No.

1. NAME OF DECEASED (Type or Print) Mason, George F.		2. DATE OF DEATH 8-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 517 W. Lee St.-Zone 30	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ? ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Genl..	9. AGE (in years last birthday) 50 ? If Under 1 Year Months Days If Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? ?		14. MOTHER'S MAIDEN NAME Eleanor ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Records: B. C. H. 4940 Eastern Ave.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 199.5 Cerebral Metatasis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8-11-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **8-10-**, 19**52**, to **8-11-**, 19**52**, that I last saw the deceased alive on **8-11-**, 19**52**, and that death occurred at **6:45P** m., from the causes and on the date stated above.

23A. SIGNATURE J. S. Clozen	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 8-11-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/14/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL HEALTH DEPARTMENT AUG 13 1952		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Charles A. Rice 661 W. Barrett

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NOT BATTERED AND NOT IN CONVICTION

CERTIFICATE OF DEATH

1912

1. Name of deceased

2. Age

3. Sex

4. Race

5. Date of death

6. Place of death

7. Cause of death

8. Signature of physician

9. Signature of registrar

10. Signature of witness

11. Signature of undertaker

12. Signature of funeral home

13. Signature of cemetery

14. Signature of church

15. Signature of family

16. Signature of friends

17. Signature of neighbors

18. Signature of community

19. Signature of society

20. Signature of church

21. Signature of family

22. Signature of friends

23. Signature of neighbors

24. Signature of community

25. Signature of society

26. Signature of church

27. Signature of family

28. Signature of friends

29. Signature of neighbors

30. Signature of community

31. Signature of society

32. Signature of church

33. Signature of family

34. Signature of friends

35. Signature of neighbors

36. Signature of community

37. Signature of society

38. Signature of church

39. Signature of family

40. Signature of friends

41. Signature of neighbors

42. Signature of community

43. Signature of society

44. Signature of church

563
7596BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7596

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Smart, Mrs. Maude</u>			2. DATE OF DEATH <u>August 12, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>700 W 40th ST</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>13-07</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home for Incurables</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>25 yrs.</u> Yrs. <u>25</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>700 W 40th Street</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 20, 1870</u>	9. AGE (in years last birthday) <u>82</u>	10. Under 1 Year Months: <u>0</u> Days: <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Thomas Chambers Peebles</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Commons</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>Records</u>		
17. INFORMANT <u>Wm. E. Wharton - Home for Incurables</u>			ADDRESS <u>Records</u>		

18. <u>199.1</u>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>Abdominal Malignancy?</u>	<u>5 Weeks</u>
ANTECEDENT CAUSES		(B) <u>Hypertensive Cardio-Vascular</u>	<u>5 years</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <u>Hypertrophic Atherosclerosis</u>	<u>13 years</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u>Deafness (Inner Ear)</u>	

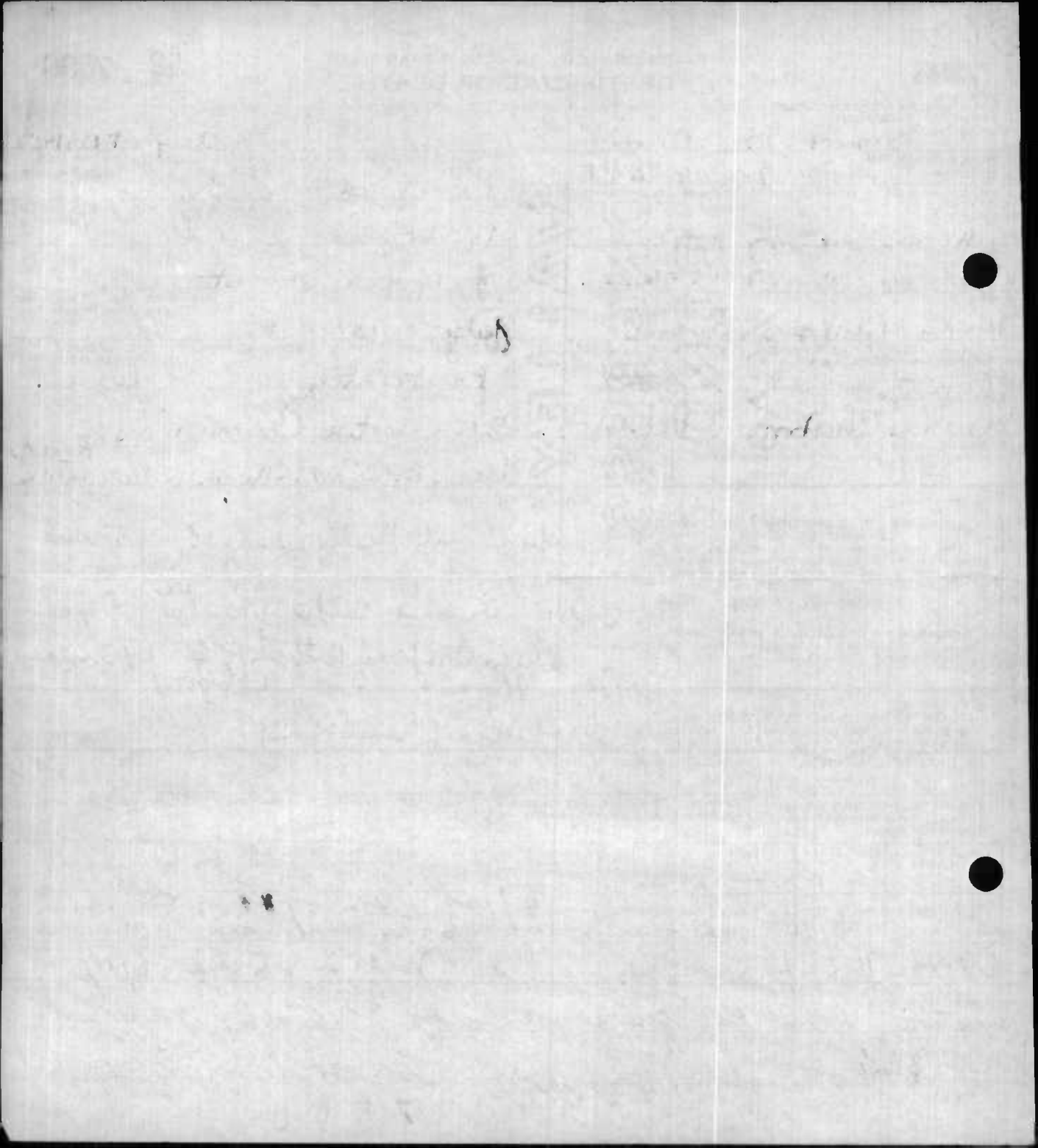
19A. DATE OF OPERATION <u>8/12</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1949 to 8/11, 1952, that I last saw the deceased alive on 8/10, 1952, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE <u>W. Grafton Hersperger</u>	23B. ADDRESS <u>214 Medford St. Bldg.</u>	23C. DATE SIGNED <u>8/11/52</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24B. DATE <u>Aug. 14, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Greenmount Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 13 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>John Burns' Sons, Towson, Md.</u>	ADDRESS
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 7597

BIRTH NO. <u>430 7597</u>		1. NAME OF DECEASED (Type or Print) <u>Charles FRANK Ewald</u>		2. DATE OF DEATH <u>August 11, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>2122 Breunig Highway</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Towson</u>		D. STREET ADDRESS (If rural, give location) <u>65 Burke ave 5355</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>June 1, 1895</u>		9. AGE (In years last birthday) <u>57</u>		10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Charles F. Ewald</u>	
14. MOTHER'S MAIDEN NAME <u>Barbara Knauff</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>216-01-7482</u>	
17. INFORMANT <u>Wm. S. Ewald, Balt., Md.</u>		18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>auriculo-ventricular node heart block, complete</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive - arteriosclerotic cardiovascular disease</u>		(B) <u>Arteriosclerosis</u>		(C) <u>6 years</u>	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>none</u>					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 15, 1951</u> , to <u>August 11, 1952</u> that I last saw the deceased alive on <u>Aug. 11, 1952</u> and that death occurred at <u>2:35 p. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Alfred C. Moore</u>		23B. ADDRESS <u>2122 Breunig Highway, Balt. 31 Md.</u>		23C. DATE SIGNED <u>8/12/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Aug. 14, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u>	
24D. LOCATION (City, town, or county) <u>Easton Ave. Baltimore, Md.</u>		24E. LOCATION (State) <u>Md.</u>		24F. LOCATION (State) <u>Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 13 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, Md.</u>		25. FUNERAL DIRECTOR <u>John Burns' Sons, Towson, Md.</u>	

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2 7598
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7598

1. NAME OF DECEASED (Type or Print) <i>Esther Watkins Arnold</i>		2. DATE OF DEATH <i>8/11/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Union Memorial Hosp.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>11-04</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1207 Botton St., Baltimore</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <i>Sept. 19, 1891</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teacher</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>School</i>	9. AGE (In years last birthday) <i>60</i>
13. FATHER'S NAME <i>Wilbur F. Watkins, Jr.</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>043-03-4763</i>		14. MOTHER'S MAIDEN NAME <i>Ella White Robinson</i>	
18. <i>581.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cirrhosis of Liver</i>		17. INFORMANT <i>Self</i>	
CAUSE OF DEATH (A) <i>Cirrhosis of Liver</i> DUE TO (B) DUE TO (C)		ADDRESS	
INTERVAL BETWEEN ONSET AND DEATH <i>2</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>7/30/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Liver Biopsy - Laennec's Cirrhosis</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 22, 1952</i> to <i>August 11, 1952</i> , that I last saw the deceased alive on <i>Aug 11, 1952</i> , and that death occurred at <i>12:45 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>For Haverly S. Green</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>	
23C. DATE SIGNED <i>8-11-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Crementation</i>		24B. DATE <i>8-14-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>1-3-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
VS 150		25. FUNERAL DIRECTOR <i>Stewart & Mowen Co., 108 W. North Ave.</i>	
		ADDRESS <i>City #1.</i>	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7599
Registered No.52 7599-17086
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

MELVIN

JORDAN

2. DATE
OF
DEATH

June 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5703 Condor Lane

Length of stay in Baltimore

Yrs.
Mos.
Days

5. COLOR OR RACE

Male

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Unknown

13. FATHER'S NAME

John Jordan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years last birthday)

11

11

11. BIRTHPLACE (State or foreign country)

II

14. MOTHER'S MAIDEN NAME

N

K

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Congenital Hydrocephalus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacher M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

6/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

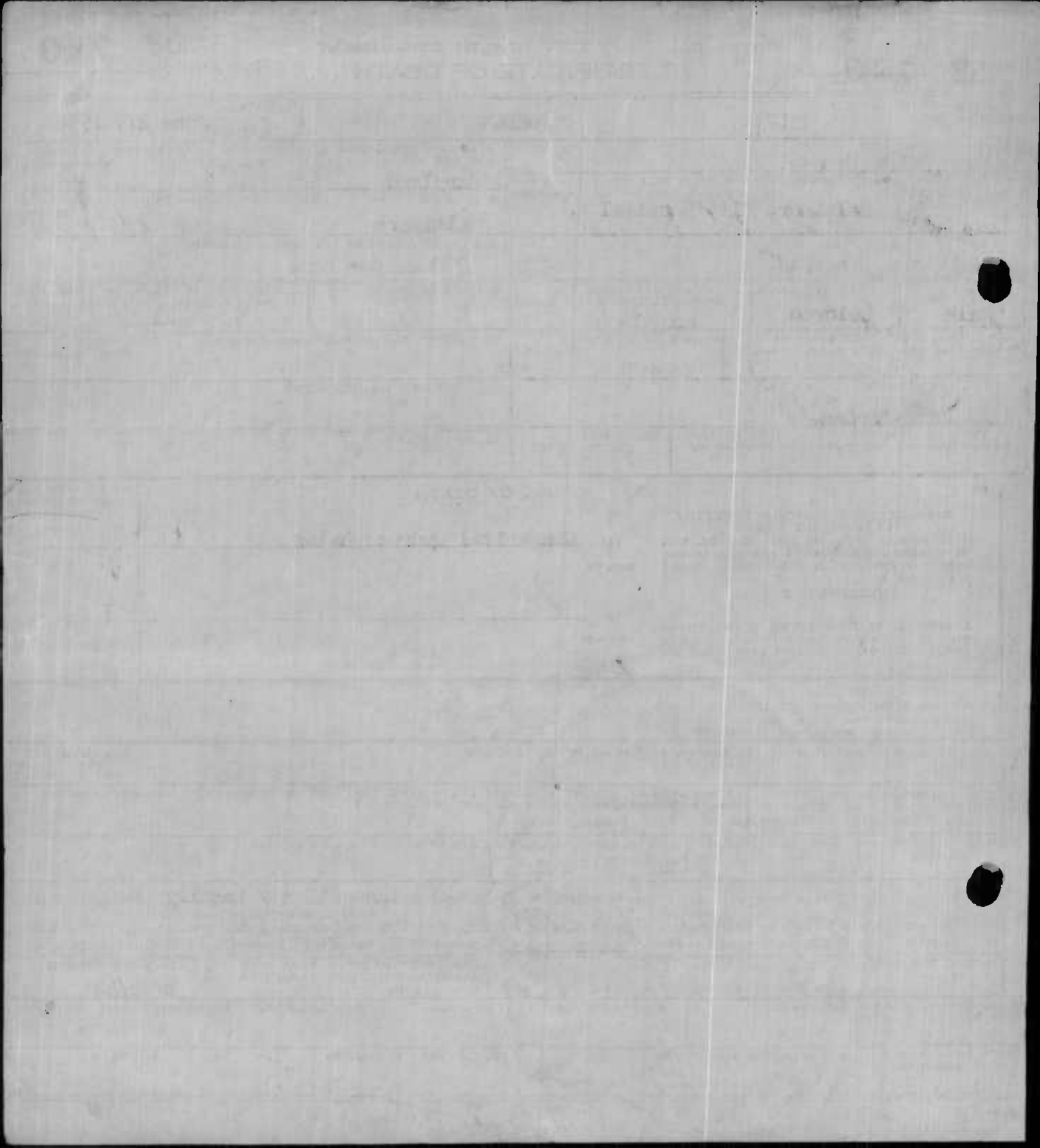
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7600

520
2 7600 *for file*

BIRTH NO. *520*

1. NAME OF DECEASED (Type or Print) **BABY *Lucy* KNOX**

2. DATE OF DEATH **June 22, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY **Anne Arundel**
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Annapolis
D. STREET ADDRESS (If rural, give location)
R.F.D. #2, Box 535

5. SEX **Female**

6. COLOR OR RACE **Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) **12**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. **776x** I **CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Prematurity**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley H. Duncanson M.D.**

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED **6/23/52**

24A. BURIAL, CREMATION, REMOVAL (Specify): **Cremated**

24B. DATE: **6/28/52**

24C. NAME OF CEMETERY OR CREMATORY: **Cedar Grove**

24D. LOCATION (City, town, or county) (State): **700 Fleet St. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **AUG 13 1952**

REGISTRAR'S SIGNATURE: **Huntington Williams, MD.**

25. FUNERAL DIRECTOR ADDRESS: **W.B. S. 7-5-52 M.D.**

VS 151

1 Cremated at Morgan 6-28-52 at 10:00 AM

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 7601**

52
52-18588
601

BIRTH NO. **52-18588-601**

1. NAME OF DECEASED (Type or Print) **Baby (Boy) Evans**

2. DATE OF DEATH **Aug. 7, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **MD**
B. COUNTY **Baltimore**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **6-05**

D. STREET ADDRESS (If rural, give location) **12 N. Bond St.**

5. SEX **male**

6. COLOR OR RACE **Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH **8-6-52**

9. AGE (In years last birthday) **1**

10. UNDER 1 Year Months: **1** Days: **1**

11. UNDER 24 Hours Hours: **1** Min. **1**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **MD**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Lee Evans**

14. MOTHER'S MAIDEN NAME **Armeatchel**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS **JOHNS HOPKINS HOSPITAL**

18. **762.0** I **1** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **atelectasis**

DUE TO

ANTECEDENT CAUSES

(B) **Fetal anoxia**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/6** ¹⁹⁵² to **8/7** ¹⁹⁵², that I last saw the deceased alive on **8/7** ¹⁹⁵², and that death occurred at **12:45** ^{pm.} from the causes and on the date stated above.

23A. SIGNATURE **Nelson B. Flynn M. D.**

23B. ADDRESS **JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED **8/9/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY **North Burial**

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **AUG 13 1952**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR ADDRESS

19520007598

1001

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTICE OF DEATH

1001



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7602**

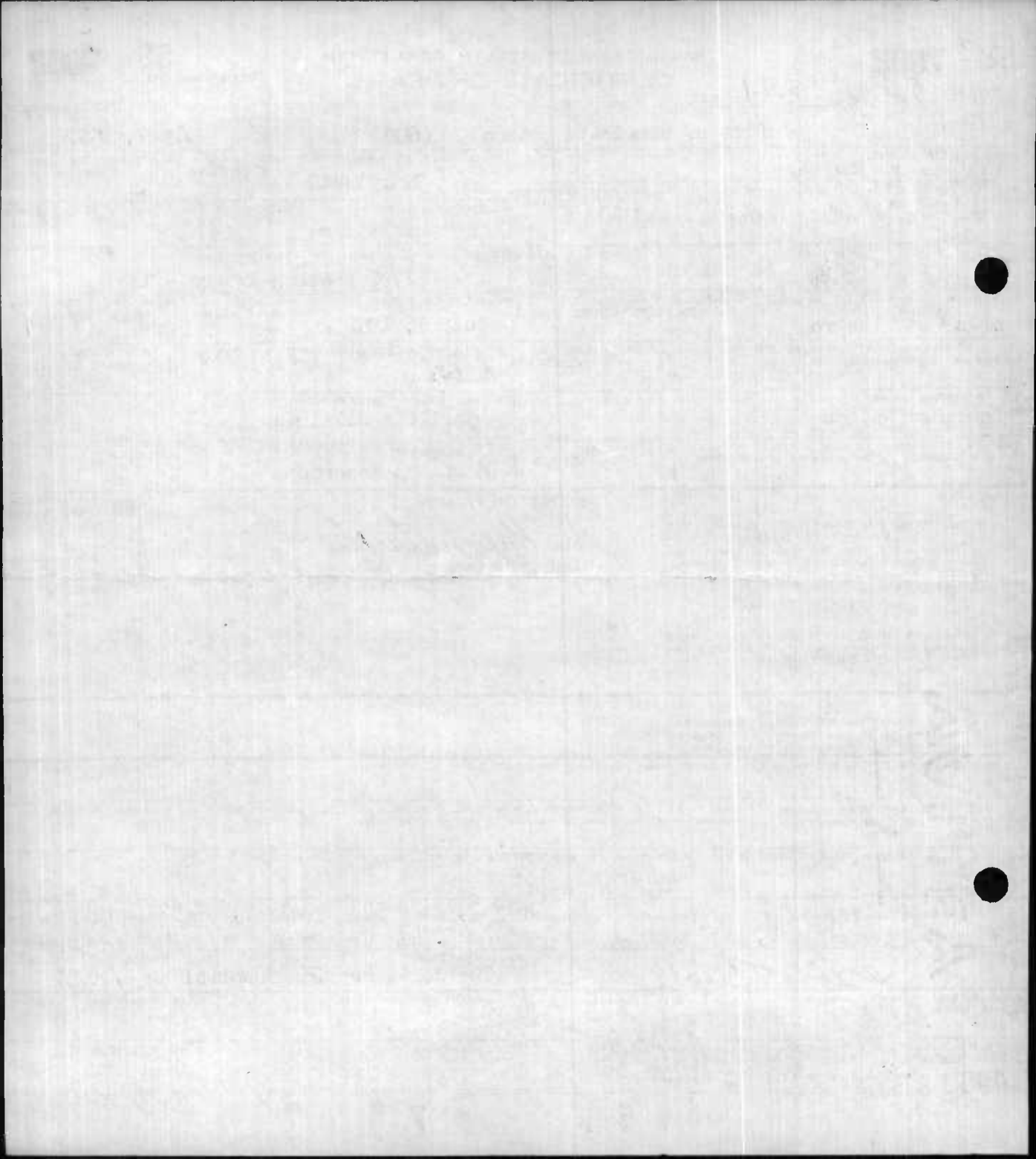
322-5
7602
BIRTH NO. **52-17331**

1. NAME OF DECEASED (Type or Print) Infant of Henrietta Watson		2. DATE OF DEATH July 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1702 Lansing Avenue - 13			
5. SEX Male		6. COLOR OR RACE Negro	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -		8. DATE OF BIRTH July 7, 1952	
9. AGE (In years last birthday) -		10. AGE (In years last birthday) -	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Lawrence Watson		14. MOTHER'S MAIDEN NAME Henrietta Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital Records		ADDRESS	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 7, 1952 to July 7, 1952 , that I last saw the deceased alive on July 7, 1952 , and that death occurred at 8.54 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Henry B. B. B.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 7/10/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7603**

43
Register
1952-16701

1. NAME OF DECEASED (Type or Print) Baby Boy Sheffield		2. DATE OF DEATH July 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 26	
5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
7. LENGTH OF STAY IN BALTIMORE		8. STREET ADDRESS (If rural, give location) 1409 Tennant Way	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 7-22-52
9. AGE (In years last birthday) 6		10. AGE (In years last birthday) 6	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edward Sheffield		14. MOTHER'S MAIDEN NAME Marie Schultz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 774x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH PREMATURITY HYALINE MEMBRANE DISEASE.	INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
	(A) DUE TO	
	(B) DUE TO	
(C) DUE TO		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-22-, 1952 to 7-28-, 1952, that I last saw the deceased alive on 7-28-, 1952, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE Edward Sheffield		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Harf Burial	
24D. LOCATION (City, town, or county)		(State)			

DATE RECEIVED BY LOCAL REGISTRAR AUG 1 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR	
ADDRESS					

19520207600

MEDICAL CERTIFICATION

650
52
7604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7604

1. NAME OF DECEASED (Type or Print) <i>Baby Brown (male)</i>		2. DATE OF DEATH <i>July 28, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-07</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1221 N. Dallas St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>7-27-52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <i>1</i>
13. FATHER'S NAME <i>Norman Hawkins</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Delores Brown</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i> (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>24 Hrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>7/27, 1952</i> to <i>7/28, 1952</i> , that I last saw the deceased alive on <i>7/27, 1952</i> , and that death occurred at <i>9:58 PM</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Blancett</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Hope Cemetery</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 1 3 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS
VS 150 <i>Hospital Report 7601</i>			

MEDICAL CERTIFICATION

MINISTRE DE LA SÉCURITÉ NATIONALE
DEPARTMENT OF NATIONAL DEFENCE

1001 1001

1001 1001

[Faint, illegible handwritten notes]

[Faint, illegible handwritten notes]

[Faint, illegible handwritten notes]

19

20

52 7605
RZK- 159482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7605

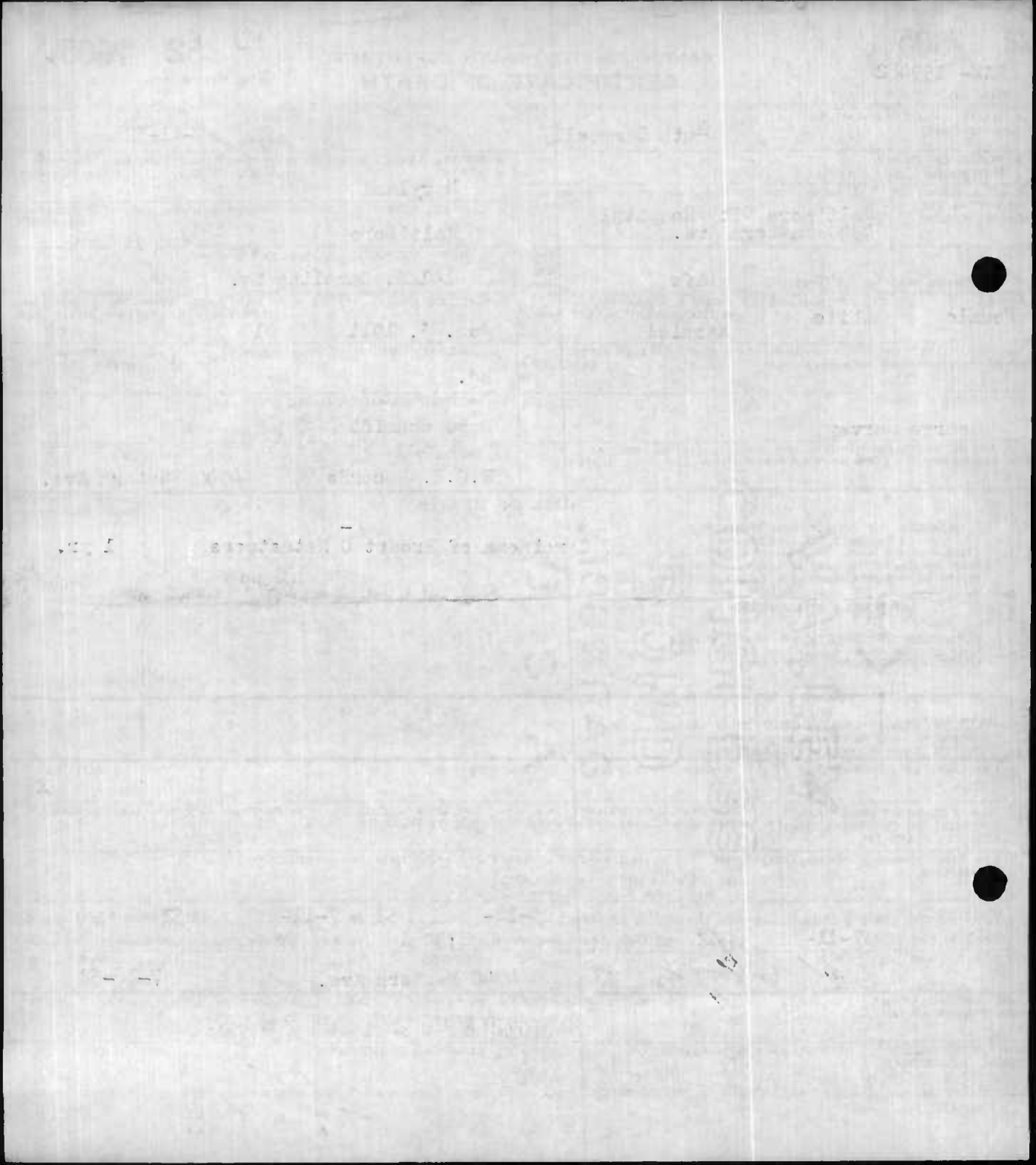
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Ruth Campbell		2. DATE OF DEATH 7-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 141 S. Caroline St.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 5, 1911	9. AGE (In years last birthday) 41	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME George Harvey		14. MOTHER'S MAIDEN NAME Rosa Schmidt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT B.C.H. Records		ADDRESS 4940 Eastern Ave.	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Breast C Metastases		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-26 , 1952, to 7-11 , 1952, that I last saw the deceased alive on 7-11 , 1952, and that death occurred at 8:30 Am. , from the causes and on the date stated above.				
23A. SIGNATURE <i>H. J. [Signature]</i>	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 7-28-52		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
UNIVERSITY MEDICAL SCHOOL JUL 29 1952			
DATE RECEIVED BY LOCAL REGISTRAR AUG 13 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS	

VS 150
1 9 5 2 0 0 0 7 6 0 2



132
52 7606
JL - 157019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

2703 52 7606
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Annie Fields		2. DATE OF DEATH July 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-04			
C. Length of stay in Baltimore 1 yr.		D. STREET ADDRESS (If rural, give location) 1129 E Monroe St.-17			
S. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1897	9. AGE (in years last birthday) 55	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME Alice Taylor		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT B. C. H. Records, 4940 Eastern Ave.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS	

18. 199.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma DUE TO	CAUSE OF DEATH Metastatic Carcinoma	INTERVAL BETWEEN ONSET AND DEATH long time
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ?	(B) DUE TO	
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4-21-52	19B. MAJOR FINDINGS OF OPERATION Prefrontal Lobotomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-28 , 19 52 , to July 4 , 19 52 that I last saw the deceased alive on July 4 , 19 52 , and that death occurred at 1.35pm , from the causes and on the date stated above.		
23A. SIGNATURE J. S. Rogers M. D.	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 7-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
UNIVERSITY MEDICAL SCHOOL JUL 12 2 9 1952			
DATE RECEIVED BY LOCAL REGISTRAR AUG 1 3 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR	ADDRESS

VS 150
19520007603

MEDICAL CERTIFICATION

James H. Lee

100-10000

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160

52 7607 - 161208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 7607

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Cooper

2. DATE OF DEATH
7-22-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.
B. COUNTY
C. CITY OR TOWN
(If outside corporate limits, write RURAL and give township)
Baltimore 18-01
D. STREET ADDRESS (If rural, give location)
416 N. Fremont Ave.

C. Length of stay in Baltimore
Yrs.
Mos.
Days

5. SEX
Male

6. COLOR OR RACE
Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
1111

9. AGE (In years last birthday)
62

10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
B. C. H. Records, 4940 Eastern Ave.

ADDRESS

18. 331X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Cerebral Vascular Accident
DUE TO
INTERVAL BETWEEN ONSET AND DEATH
1wk
ANTECEDENT CAUSES
(B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18-52, to July 22, 1952, that I last saw the deceased alive on July 22, 1952, and that death occurred at 5.20 PM from the causes and on the date stated above.

23A. SIGNATURE
B. C. H. Records

23B. ADDRESS
4940 Eastern Ave.

23C. DATE SIGNED
7-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY
UNIVERSITY MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State)
JUL 29 1952

DATE RECEIVED BY
L. H. REGISTAR

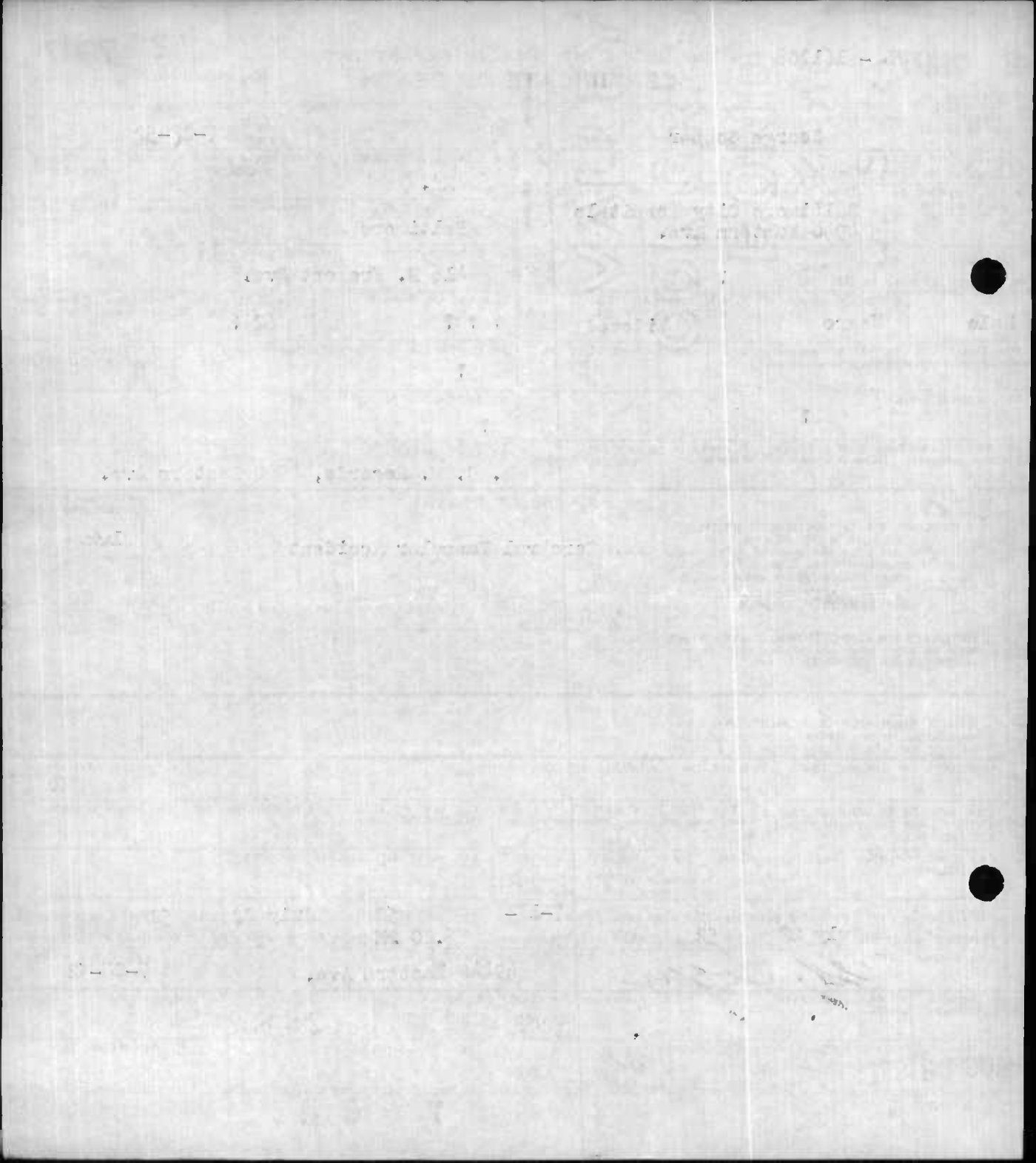
REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

019520007604



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7608
Registered No. 52 7608

BIRTH NO. 52 7608

1. NAME OF DECEASED (Type or Print) <u>Howard</u> <u>Wise</u>			2. DATE OF DEATH <u>AUG 13 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <u>VA.</u> B. COUNTY <u>Accomack</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Keller, VA-43</u>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>SP</u>	8. DATE OF BIRTH <u>8-24-98</u>		9. AGE (In years last birthday) <u>53</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>?</u>	11. BIRTHPLACE (State or foreign country) <u>va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John</u> <u>Wise</u>			14. MOTHER'S MAIDEN NAME <u>Ida Beckett</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		

18. <u>451X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Directly myocardial infarction</u> DUE TO (B) <u>Hypertension & atherosclerosis</u> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>8-13-52</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>8-1-</u> , 19 <u>52</u> , to <u>8-13-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-13-</u> , 19 <u>52</u> , and that death occurred at <u>1255A</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>John L. Williams</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>8-13-52</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>8/18/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Wachapreague</u>	24D. LOCATION (City, town, or county) (State) <u>Keller, VA</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 13 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
FUNERAL DIRECTOR <u>Edgar A. Brant</u>		ADDRESS <u>New church, VA.</u>	

453

WIELAND
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7609

52 7609

Registered No. _____

BIRTH NO. _____
1. NAME OF DECEASED (Type or Print) WIELAND, ALFRED C. 2. DATE OF DEATH 12 AUGUST 52

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
UNIVERSITY HOSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 20-06

D. STREET ADDRESS (If rural, give location)
3210 W. BALTIMORE ST
Length of stay in Baltimore Yrs. Mos. Days 3-4-25

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____ 8. DATE OF BIRTH JUNE 15, 1941 9. AGE (In years last birthday) 5 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD 10B. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) BILLINGS, MONTANA 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ALFRED WIELAND 14. MOTHER'S MAIDEN NAME IRMA EURICH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. 16. SOCIAL SECURITY NO. NONE 17. INFORMANT MOTHER ADDRESS ABOVE

18. 204.3 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) ACUTE LEUKEMIA INTERVAL BETWEEN ONSET AND DEATH ? 8 MO.

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1 AUGUST 1952 to 12 AUGUST 1952, that I last saw the deceased alive on 12 AUG, 1952 and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE Geo. B. Smith, Jr. M. O. Univ. Hosp., Balto. Md. 23B. ADDRESS Univ. Hosp., Balto. Md. 23C. DATE SIGNED 12 AUG 52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24B. DATE 8-16-52 24C. NAME OF CEMETERY OR CREMATORY London PARK 24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.

DATE RECEIVED BY LOCAL REGISTRAR 14 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Geo. L. Schwab ADDRESS 2101 Frederick Ave.

AUG 14 1952 1952 07606

MEDICAL CERTIFICATION

1935

DEPARTMENT OF HEALTH
STATE OF NEW YORK

Page 1

1. Name of deceased: [illegible]

2. Date of death: [illegible]

3. Place of death: [illegible]

4. Cause of death: [illegible]

5. Manner of death: [illegible]

6. Name of physician: [illegible]

7. Name of coroner: [illegible]

8. Name of registrar: [illegible]

9. Name of funeral home: [illegible]

10. Name of cemetery: [illegible]

11. Name of undertaker: [illegible]

12. Name of mortician: [illegible]

13. Name of embalmer: [illegible]

14. Name of casket: [illegible]

15. Name of coffin: [illegible]

16. Name of shroud: [illegible]

17. Name of burial: [illegible]

18. Name of interment: [illegible]

100

52 7610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7610

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Leroy Ruoff</i>		2. DATE OF DEATH <i>Aug. 12, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-02</i>	
C. Length of stay in Baltimore <i>LIFE</i>		D. STREET ADDRESS (If rural, give location) <i>831 McAleer Court</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>6-3-04</i>
9. AGE (In years last birthday) <i>48</i>		10. UNDER 1 Year Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>PRESS HAND</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>LANGS PICKLE CO.</i>	
11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>CHARLES RUOFF</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-24-7950</i>	
17. INFORMANT		ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Respiratory Insufficiency</i> DUE TO <i>Pulmonary Tuberculosis</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>3 mos.</i> <i>10 yrs.</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>8/15/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/6</i> , 19 <i>52</i> to <i>8/12</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8/12</i> , 19 <i>52</i> , and that death occurred at <i>11:55</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard W. Dink</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8/20/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>8/15/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LOU DON PARK</i>	
24D. LOCATION (City, town, or county) (State) <i>BALTO., MD. (29)</i>		25. FUNERAL DIRECTOR <i>JOHN F. DENNY, INC.</i>			
25. ADDRESS <i>715 BALTO. MD</i>		26. LOCAL REGISTRAR <i>Huntington Williams, MD</i>			
26. DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 14 1952</i>		27. ADDRESS <i>HIGHT ST.</i>			

0107

DEPARTMENT OF HEALTH DIVISION
BUREAU OF VITAL STATISTICS

1910

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52 7611		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 7611 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) BERTHA POLLACK				2. DATE OF DEATH August 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3905 Dorchester Road				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 60 yrs.				D. STREET ADDRESS (If rural, give location) 3905 Dorchester Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH April 20, 1887	9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee?		10B. KIND OF BUSINESS OR INDUSTRY Tailor Mfg.		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Myer Pollack			
14. MOTHER'S MAIDEN NAME Hannah Paul		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Isaac Pollack- 3905 Dorchester Road			
18. 170X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma metastases (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH 19 mos.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Dec. 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma of breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 43 to Aug. 13, 1952 , that I last saw the deceased alive on Aug. 11, 1952 and that death occurred at 9 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Isaac Pollack		23B. ADDRESS 2302 Eutan place		23C. DATE SIGNED 8-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/14/52		24C. NAME OF CEMETERY OR CREMATORY Abbas Shalom Cong.	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. FUNERAL DIRECTOR ADDRESS Sal Herman 1324-26 W. North Ave.			
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1952		REGISTRAR'S SIGNATURE Huntington Williams		24F. FUNERAL DIRECTOR ADDRESS Sal Herman 1324-26 W. North Ave.	

CERTIFICATE OF DEATH

BALTIMORE HEALTH DEPARTMENT

<p>1. Name of deceased</p>		<p>2. Sex</p>	
<p>3. Age</p>		<p>4. Date of birth</p>	
<p>5. Place of birth</p>		<p>6. Usual residence</p>	
<p>7. Cause of death</p>		<p>8. Date of death</p>	
<p>9. Signature of physician</p>		<p>10. Signature of registrar</p>	
<p>11. Date of death</p>		<p>12. Place of death</p>	
<p>13. Signature of informant</p>		<p>14. Date of death</p>	
<p>15. Signature of registrar</p>		<p>16. Date of death</p>	
<p>17. Signature of registrar</p>		<p>18. Date of death</p>	
<p>19. Signature of registrar</p>		<p>20. Date of death</p>	
<p>21. Signature of registrar</p>		<p>22. Date of death</p>	
<p>23. Signature of registrar</p>		<p>24. Date of death</p>	
<p>25. Signature of registrar</p>		<p>26. Date of death</p>	
<p>27. Signature of registrar</p>		<p>28. Date of death</p>	
<p>29. Signature of registrar</p>		<p>30. Date of death</p>	
<p>31. Signature of registrar</p>		<p>32. Date of death</p>	
<p>33. Signature of registrar</p>		<p>34. Date of death</p>	
<p>35. Signature of registrar</p>		<p>36. Date of death</p>	
<p>37. Signature of registrar</p>		<p>38. Date of death</p>	
<p>39. Signature of registrar</p>		<p>40. Date of death</p>	
<p>41. Signature of registrar</p>		<p>42. Date of death</p>	
<p>43. Signature of registrar</p>		<p>44. Date of death</p>	
<p>45. Signature of registrar</p>		<p>46. Date of death</p>	
<p>47. Signature of registrar</p>		<p>48. Date of death</p>	
<p>49. Signature of registrar</p>		<p>50. Date of death</p>	
<p>51. Signature of registrar</p>		<p>52. Date of death</p>	
<p>53. Signature of registrar</p>		<p>54. Date of death</p>	
<p>55. Signature of registrar</p>		<p>56. Date of death</p>	
<p>57. Signature of registrar</p>		<p>58. Date of death</p>	
<p>59. Signature of registrar</p>		<p>60. Date of death</p>	
<p>61. Signature of registrar</p>		<p>62. Date of death</p>	
<p>63. Signature of registrar</p>		<p>64. Date of death</p>	
<p>65. Signature of registrar</p>		<p>66. Date of death</p>	
<p>67. Signature of registrar</p>		<p>68. Date of death</p>	
<p>69. Signature of registrar</p>		<p>70. Date of death</p>	
<p>71. Signature of registrar</p>		<p>72. Date of death</p>	
<p>73. Signature of registrar</p>		<p>74. Date of death</p>	
<p>75. Signature of registrar</p>		<p>76. Date of death</p>	
<p>77. Signature of registrar</p>		<p>78. Date of death</p>	
<p>79. Signature of registrar</p>		<p>80. Date of death</p>	
<p>81. Signature of registrar</p>		<p>82. Date of death</p>	
<p>83. Signature of registrar</p>		<p>84. Date of death</p>	
<p>85. Signature of registrar</p>		<p>86. Date of death</p>	
<p>87. Signature of registrar</p>		<p>88. Date of death</p>	
<p>89. Signature of registrar</p>		<p>90. Date of death</p>	
<p>91. Signature of registrar</p>		<p>92. Date of death</p>	
<p>93. Signature of registrar</p>		<p>94. Date of death</p>	
<p>95. Signature of registrar</p>		<p>96. Date of death</p>	
<p>97. Signature of registrar</p>		<p>98. Date of death</p>	
<p>99. Signature of registrar</p>		<p>100. Date of death</p>	

253

52 7612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7612
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mr. Eugent, Philip</i>		2. DATE OF DEATH <i>8-13-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Greenspring & Belvedere Ave</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		D. STREET ADDRESS (If rural, give location) <i>5309 Haddon Avenue</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>DIVORCED</i>		8. DATE OF BIRTH <i>May 17, 1890</i>	
9. AGE (In years last birthday) <i>62</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Percy Eugent</i>		14. MOTHER'S MAIDEN NAME <i>Lillian Steinhorn</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Lillian Steinhorn</i>		ADDRESS <i>5309 Haddon Ave.</i>	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
DUE TO (A) <i>Coronary Thrombosis</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Atherosclerotic heart disease</i>		<i>years</i>
DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Emphysema + Chronic Bronchitis</i>		<i>years</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

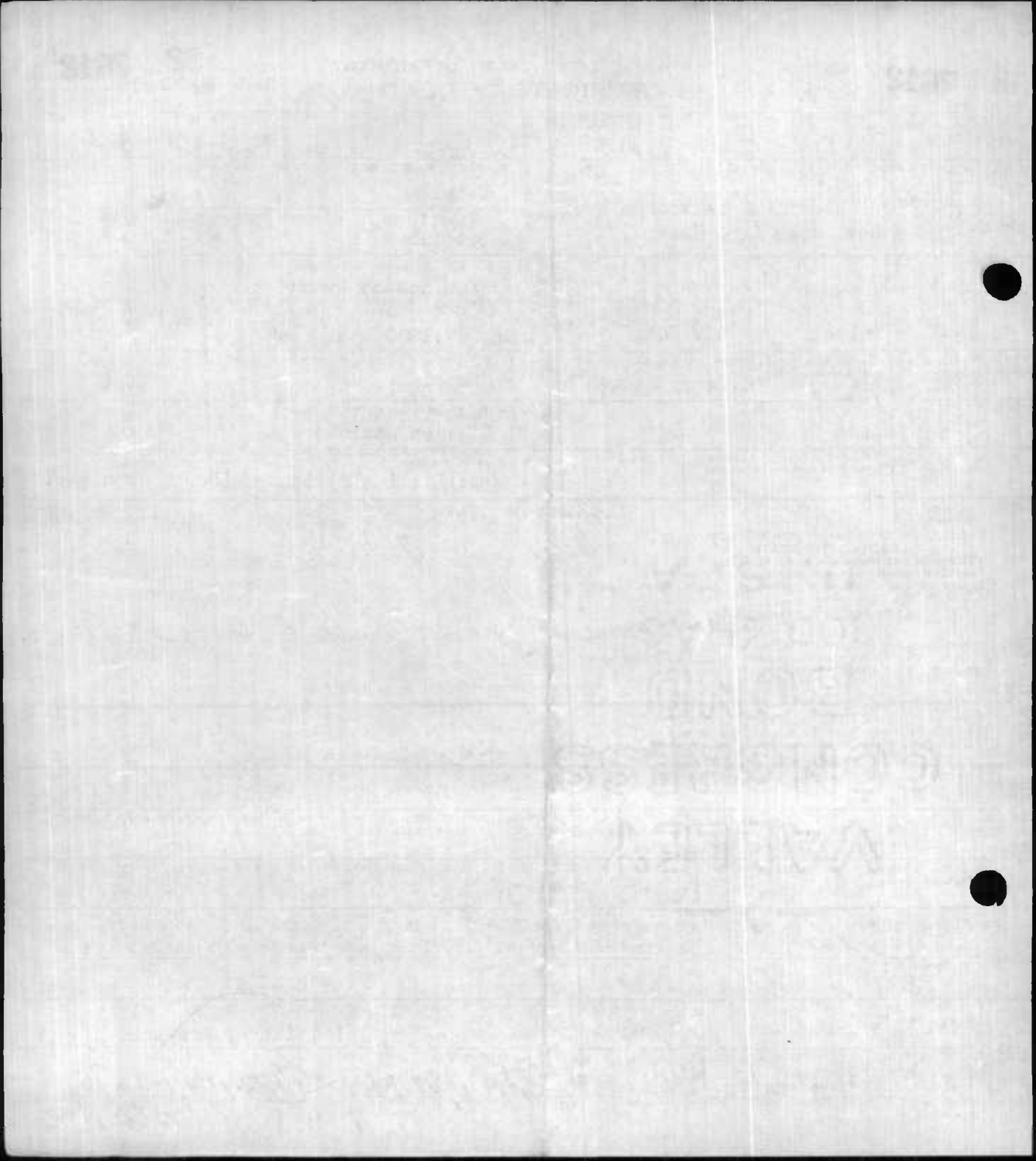
22. I hereby certify that I attended the deceased from *11-29*, 19*51*, to *8-13*, 19*52*, that I last saw the deceased alive on *8-13*, 19*52*, and that death occurred at *3:5 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Jerome J. Blumharg</i>	23B. ADDRESS <i>Levindale Home</i>	23C. DATE SIGNED <i>8-13-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>8/14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mickro- Kodesh Cong.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	25. FUNERAL DIRECTOR <i>Ed. Johnson</i>	ADDRESS <i>1124-26 W. North Ave</i>
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29862 20007609 North Ave



512

52 7613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7613

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Albert Ambach

2. DATE
OF
DEATH

8-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Reverdale

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-01

D. STREET ADDRESS (If rural, give location)

2428 Eutaw Place

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic cardio-vascular
in disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Emphysema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3-26-1952, to 8-14-1952, that I last saw the
deceased alive on 8-14-1952, and that death occurred at 4:52 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Gerome J. Blumbers M. D.

Reverdale Home

8-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1952

Huntington Williams, M.D.

Jack Lewin 2100 Eutaw Pl

11/17

95

11/17

95

11/17

95

11/17

95

520

CERTIFICATE CORRECTED

8-14-52

52 7614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7614

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Wm King</i>			2. DATE OF DEATH <i>7-20-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Bar-Wil-Ba Convelescent Home</i> <i>2101 W. Cold Spring Lane</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>17-01</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>923 Wilmer Court</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8-14-1896</i>		9. AGE (In years last birthday) <i>55</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>New York</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>John M. King</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Brickus</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio Vascular Disease</i> DUE TO	CAUSE OF DEATH <i>Cardio Vascular Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *130 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE *H. A. Johnson* M. D. 23B. ADDRESS *403 Medarts Bg* 23C. DATE SIGNED *7-20-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY *UNIVERSITY MEDICAL SCHOOL* 24D. LOCATION (City, town, or county) (State) *AUG 7 1952*

DATE RECEIVED BY LOCAL REGISTRAR *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Huntington Williams, M.D.* ADDRESS

AUG 14 1952

VS 150

Unsubstantiated Case 7611
68399

MEDICAL CERTIFICATION

1284

RECEIVED BY THE DIRECTOR

CLERK OF THE COURT

RECEIVED



52 7615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7615

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD

BOKMAN

2. DATE
OF
DEATH August 12, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3501 Chelsea Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-01D. STREET ADDRESS (If rural, give location)
3501 Chelsea Avenue

Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 15-1901

9. AGE (In years
last birthday)

50

10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR
INDUSTRY

OWN Business

11. BIRTHPLACE (State or foreign country)

Baltimore City

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Howard E Bokman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. J. Edw. Bokman 4307 White Ave

CAUSE OF DEATH

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Aug. 12, 1952

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1952

Huntington Williams, M.D.

Lorraine Funeral Home 7401 Belair Rd

VS 151

57424

L

MEDICAL CERTIFICATION

CHRONOLOGICAL LIST

1947

1948

1949

1950

1951

1952

1953

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1955

1956

1957

1958

1959

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1961

1962

1963

1964

1965

1966

1967

1968

1969

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7616
Registered No.

33-52-7616 DOA		BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Ernest Stetzer</i>		2. DATE OF DEATH <i>Aug. 13, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Middle River 5354</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>5 Propeller Drive</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 1, 1912</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bethlehem Ship Yards</i>	9. AGE (In years last birthday) <i>39</i>
13. FATHER'S NAME <i>Granville Stetzer</i>		11. BIRTHPLACE (State or foreign country) <i>Ashland, Kentucky</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Maude Ward</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	

18. <i>199.9</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Metastatic Carcinoma, primary site unknown</i>	INTERVAL BETWEEN ONSET AND DEATH <i>About 1 year</i>
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ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>2/19/53</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *8/13/52* to *8/13/52*, that I last saw the deceased alive on *DOA*, 19*52*, and that death occurred at *9:15* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>George A. Edwards</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>8-13-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>8/16/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm. Book, Inc. 1217 St. Paul St.</i>
--	---	---

Released to hospital 8/15/52 OVER

NOT A MEDICAL EXAMINER'S CASE

William H. Hatt M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

600

52 7617

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7617

1. NAME OF DECEASED (Type or Print) JAMES C. GRAY			2. DATE OF DEATH August 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-01		
D. STREET ADDRESS (If rural, give location) 815 W. Saratoga Street			E. LENGTH OF STAY IN BALTIMORE Life Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Aug 20, 1881 70		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James O. Gray			14. MOTHER'S MAIDEN NAME Minnie Hawkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Marthaline Gray 815 W. Saratoga St.		

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Aug. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**8/17/52****Halls Creek****Calvert, Co. Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1952**Huntington Williams, M.D.****Geo. F. Kelson 1303 Presstman St.****Geo. F. Kelson**

V S 151

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7618**

426
BIRTH NO. **7618**

1. NAME OF DECEASED (Type or Print) Mr. Joseph Zalegiris			2. DATE OF DEATH 8/12/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 40 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4235 Euclid Ave.		
5. SEX Male	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/11/87		9. AGE (in years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Tailoring	11. BIRTHPLACE (State or foreign country) Lithuania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, enter year or years) No		16. SOCIAL SECURITY NO. 216-07-1274	17. INFORMANT daughter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			ADDRESS		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) ACUTE CONGESTIVE HEART FAILURE DUE TO	INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO	
	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Aug 12, 1952** to **Aug 12, 1952**; that I last saw the deceased alive on **Aug 12, 1952** and that death occurred at **4:20 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE John Nelson McLean	23B. ADDRESS M. D.	23C. DATE SIGNED
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug 16, 1952	24C. NAME OF CEMETERY OR CREMATORY Meadowridge	24D. LOCATION (City, town, or county) (State) Dorsey, Harford Co Md
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Bas. W. Aschbacher 703 McHenry St	

195204607618

2187 St.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7619
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANCES SHIPLEY		2. DATE OF DEATH August 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 936 E. Biddle Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 8, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John B. Preusser		14. MOTHER'S MAIDEN NAME Mary A. Maier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Agnes Shipley		ADDRESS 936 E. Biddle St.	

MEDICAL CERTIFICATION	18. 463x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary embolism DUE TO thrombophlebitis, right leg		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED August 13, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 16, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Baltimore					

DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>		25. FUNERAL DIRECTOR Rita Wiedefeld	
		ADDRESS 900 E. Biddle St.			

19520007616

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7620
Registered No.

BIRTH NO. 7620

1. NAME OF DECEASED (Type or Print) *George Truppley*

2. DATE OF DEATH *8/11 5:25*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *1625 Latrobe St*
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. CITY OR TOWN *Baltimore* **STATE** *Maryland*
D. STREET ADDRESS (If rural, give location) *1625 Latrobe St*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland*
B. COUNTY *5*
C. CITY OR TOWN *Baltimore* **STATE** *Maryland*
D. STREET ADDRESS (If rural, give location) *1625 Latrobe St*

5. SEX *Male* **6. COLOR OR RACE** *Col* **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** *Married*

8. DATE OF BIRTH *11-14-1887* **9. AGE (In years last birthday)** *65* **10. Under 1 Year** *Months: Days* **11. Under 24 Hours** *Hours: Min.*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Laborer* **10B. KIND OF BUSINESS OR INDUSTRY** *Gen*

11. BIRTHPLACE (State or foreign country) *Baltimore* **12. CITIZEN OF WHAT COUNTRY?** *U. S. A.*

13. FATHER'S NAME *Unknown* **14. MOTHER'S MAIDEN NAME** *Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No* **16. SOCIAL SECURITY NO.** *1625*

17. INFORMANT *Sarah Truppley* **ADDRESS** *1625 Latrobe St*

18. 490X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **CAUSE OF DEATH** *Labor Pneumonia*

19. ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.)

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* **19B. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ **21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **21C. WHERE OLD INJURY OCCUR?** (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY **21E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from *8/6*, 19*52*, to *8/11*, 19*52*, that I last saw the deceased alive on *8/11*, 19*52* and that death occurred at *1130* p. m., from the causes and on the date stated above.

23A. SIGNATURE *B. M. R. Smith* **23B. ADDRESS** *2134 D. M. St* **23C. DATE SIGNED** *8/15/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* **24B. DATE** *8-15-52* **24C. NAME OF CEMETERY OR CREMATORY** *Max Auburn Cem. Balto* **24D. LOCATION** (City, town, or county) *Md.* (State)

DATE RECEIVED BY LOCAL REGISTRAR *Aug 14 1952* **REGISTRAR'S SIGNATURE** *Huntington Williams* **25. FUNERAL DIRECTOR** *Payner Sanders* **ADDRESS** *918 E. Preston St*

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7621
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Wm. B. BASSEL		2. DATE OF DEATH 8/9/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) D.O.A. MERCY HOSP.		D. STREET ADDRESS (If rural, give location) 416 E. Federal St		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-6-1917	9. AGE (In years last birthday) 35	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME William Bassel	
14. MOTHER'S MAIDEN NAME Brown Hill		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes World War II		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Gladys Bassel		ADDRESS 416 E. Federal St		18. E982 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) MULTIPLE INCISED WOUNDS OF Chest	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1900 Block BARCLAY ST	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8-9-52 10A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Altercation - CUT BY ASSAULT	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE R. Fisher		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D.		23c. DATE SIGNED 8/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-15-52		24c. NAME OF CEMETERY OR CREMATORY Balto Nat. Cem.	
24d. LOCATION (City, town, or county) (State) Baltimore Md.		24e. NAME OF CEMETERY OR CREMATORY Balto Nat. Cem.		24f. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Rayner & Anderson	
ADDRESS 217 E. DuPont St					

MEDICAL CERTIFICATION

1537 83

THE DEATH OF

1537 83

WILLIAM

WILLIAM

WILLIAM

WILLIAM

525
7622BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7622

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George S. Benjamin</i>		2. DATE OF DEATH <i>Aug. 12, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2229 East Preston St.</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2229 East Preston Street</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 28, 1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Playa Movies</i>	9. AGE (In years last birthday) <i>66</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Samuel Benjamin</i>		14. MOTHER'S MAIDEN NAME <i>Mary S. Scherer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>312-01-3811</i>	
17. INFORMANT <i>Anna D. Benjamin</i>		ADDRESS <i>-2229 E. Preston St.</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>10 days</i>
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19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>m.</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10:00*, 19*52*, to *Aug. 12*, 19*52*, that I last saw the deceased alive on *Aug. 11*, 19*52*, and that death occurred at *11* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Robert F. Fisher</i>	23B. ADDRESS <i>31422 Belden Rd</i>	23C. DATE SIGNED <i>8/13/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/15/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	24D. LOCATION (City, town, or county) (State) <i>Eastern Ave. - Balto. Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	FUNERAL DIRECTOR <i>John C. Miller Inc.</i>	ADDRESS <i>2435 E. Oliver St.</i>
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1033

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1033

WILLIAM
CONGREGATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

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DEPARTMENT OF HEALTH
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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

532
52 7623BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7623

1. NAME OF DECEASED (Type or Print) JOHN (GIOVANNI) MANTEGNA			2. DATE OF DEATH August 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 902 N. Port St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write PORTAL and give township) Baltimore		
Length of stay in Baltimore 21 years			D. STREET ADDRESS (If rural, give location) 902 N. Port St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 13, 1873	9. AGE (In years, last birthday) 78	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired bricklayer		10B. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (State or foreign country) Italy	
12. CITIZEN OF WHAT COUNTRY? Italy		13. FATHER'S NAME unknown			
14. MOTHER'S MAIDEN NAME unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Jos. J. Mantegna, son, above			

18. 491X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Acute cardiac dilatation (B) Acute Broncho Pneumonia (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8/1 1952 to 8/12 1952, that I last saw the deceased alive on 8/12 1952, and that death occurred at 11 m., from the causes and on the date stated above.		
23A. SIGNATURE A. L. Hornstein	23B. ADDRESS M. D. 204 E. Biddle St	23C. DATE SIGNED 8/13/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 16, 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State) Belair Rd., Balto. Md.		

DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-35 E. Madison St.	ADDRESS
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7624**

420
52 7624
BIRTH NO.

1. NAME OF DECEASED (Type or Print) (MAUD) Amelia MAUDE / BIELAS			2. DATE OF DEATH August 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 341 S. Elwood Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 13, 1930		9. AGE (In years last birthday) 22
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Walter E. Bright			14. MOTHER'S MAIDEN NAME Jennie Davis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Thomas Bielas, husband, above		

MEDICAL CERTIFICATION

18. E 970.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Barbiturate poisoning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Epilepsy		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 341 S. Elwood Avenue
21D. TIME (Month) (Day) (Year) (Hour) August 12, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingested overdose
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED August 13, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 15, 1952	24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	24D. LOCATION (City, town, or county) (State) Taylor Ave., Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

V S 151 **N 971.0**

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7625**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SARAH SMITH		2. DATE OF DEATH August 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 614 Laurens Street		E. LENGTH OF STAY IN BALTIMORE 40 years	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH June 1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 50
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) m. e.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
17. INFORMANT Hattie Wade 614 Laurens		ADDRESS	

18. 023X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Luetic and hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE RS Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED August 6, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug 14, 1952	24C. NAME OF CEMETERY OR CREMATORY Wt. Burial	24D. LOCATION (City, town, or county) (State) MD	
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Rev S. Nelson		ADDRESS

STATE OF TEXAS
COUNTY OF DALLAS

IN SENATE,
January 1, 1901.

REPORT
OF THE
COMMISSIONER OF THE
LAND OFFICE,
FOR THE YEAR
1900.

BY
J. M. HARRIS,
COMMISSIONER.

RECEIVED
JAN 1 1901

THE
COMMISSIONER OF THE
LAND OFFICE,
DALLAS, TEXAS.

PRINTED BY
J. M. HARRIS,
DALLAS, TEXAS.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7626

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARLIN, ARTHUR T

2. DATE
OF
DEATH

13 Aug '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQ. HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND, BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1202 UNION AVE

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4/16/1894

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

MACHINE T

CANS

13. FATHER'S NAME

CARLIN, FRANK

TIN(M)

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNK.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL VASCULAR THROMBOSIS 9 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIO SCLEROSIS CEREBRAL

DUE TO

(C) GENERALIZED ARTERIO SCLEROSIS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CORONARY INSUFFICIENCY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 13 Aug, 1952, to 13 Aug, 1952, that I last saw the
deceased alive on 13 Aug, 1952, and that death occurred at 5:55 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. M. D. D. M. D.

M. D.

50 FRANKLIN SQ. HOSP.

13 Aug 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 14 1952

Huntington Williams, M.D.

Paul E. Chenoweth

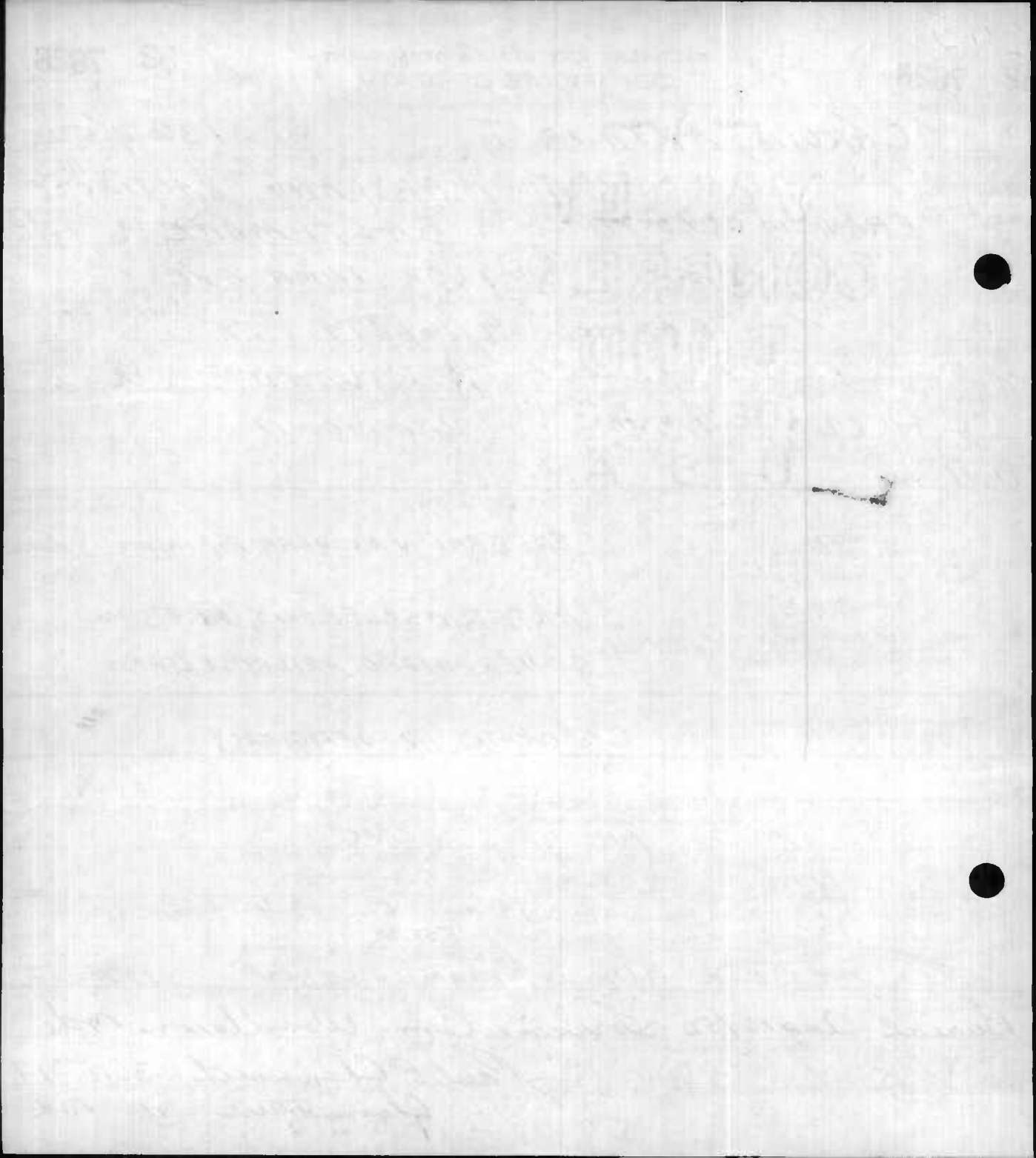
3615-17

VS 150

544 310

Glenmont Ave

11 md.



620
52 7627
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7627

1. NAME OF DECEASED
(Type or Print)

Alberta m. Marsh

2. DATE
OF
DEATH

Aug. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-04

D. STREET ADDRESS (If rural, give location)

2709 Greenmont Ave

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

life

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

George Weaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1 and 260x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive + arteriosclerotic cardiovascular disease

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 days

4 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus with acidosis 2-3 wk.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1952, to 8/12, 1952, that I last saw the deceased alive on 8/12, 1952, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Theron Franklin Williams M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Aug 15/52

24C. NAME OF CEMETERY OR CREMATORY

Sellers Cemetery

24D. LOCATION (City, town, or county)

Balto Co

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Paul E. Cheneveth

ADDRESS

3615-17 Chesnut Ave

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page. The text appears to be a letter or report, possibly mentioning "Mr. ...", "The ...", and "I am ...".]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7628**

BIRTH NO. **520 7628**

1. NAME OF DECEASED (Type or Print) JESSE VANCE			2. DATE OF DEATH August 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 10-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1217 E. Chase Street			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 3.	8. DATE OF BIRTH Jan 10 1942		9. AGE (In years last birthday) 10 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brinkley Ark.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jesse Vance Sr.			14. MOTHER'S MAIDEN NAME Nevada Ray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Jesse Vance Sr.		ADDRESS

18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Lake		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Lake Montebello, Herring Run Park
21D. TIME (Month) (Day) (Year) (Hour) 8/13/52 3:00 P. M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Seen floating in lake

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. Aug. 14, 1952		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug 16/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem. A. A. County Md.		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR Mrs. E. A. Elliott & Daughter

V S 151 **N 990X** **1952** **1297 Caroline St**

MEDICAL CERTIFICATION

8967

92

CONTINUATION OF DEED

8967

650
52 7629

52 7629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Eva Lenma Brown			2. DATE OF DEATH Aug.-12-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. 937 North Wolfe Street C. Life			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 937 North Wolfe Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct.-6-1926	9. AGE (in years last birthday) 25	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard Brown			14. MOTHER'S MAIDEN NAME Mattie Davis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Hazel Scott 1718 East Chase St		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 11**, 19**52** to **Aug 12**, 19**52**, that I last saw the deceased alive on **Aug 11**, 19**52**, and that death occurred at **6 A m.**, from the causes and on the date stated above.

23A. SIGNATURE George H. Adams	23B. ADDRESS 2327 W. North	23C. DATE SIGNED 8-14-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/15/52	24C. NAME OF CEMETERY OR CREMATORY Westley Cemetary	24D. LOCATION (City, town, or county) (State) South Carolina
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1952		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Elroy Wilson 1050 Brantley ave

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7630
Registered No.

320
52 7630
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD L. WOODS			2. DATE OF DEATH August 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5501 St. Alban's Way			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore		
Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 326 N. Paca Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH II/6/1898		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscape Gardner			11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward Woods			14. MOTHER'S MAIDEN NAME Ann E. Cullen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Edith M. Woods, 326 N. Paca St.		

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. H. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Aug. 13, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/16/1952		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR Flynn & Fleming		24F. ADDRESS 1426 Light St	
DATE RECEIVED BY LOCAL REGISTRAR AUG 14 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS Flynn & Fleming, 1426 Light St	

THE DIRECTOR OF THE BUREAU OF THE ARMY

<p>1. NAME OF THE OFFICER</p>	<p>2. GRADE</p>	<p>3. POST OFFICE ADDRESS</p>
<p>4. CITY</p>	<p>5. STATE</p>	<p>6. COUNTRY</p>
<p>7. TELEPHONE</p>	<p>8. MAILING ADDRESS</p>	<p>9. BUSINESS ADDRESS</p>
<p>10. HOME ADDRESS</p>	<p>11. SCHOOL ADDRESS</p>	<p>12. OTHER ADDRESS</p>
<p>13. DATE OF BIRTH</p>	<p>14. DATE OF DEATH</p>	<p>15. DATE OF INTERVIEW</p>
<p>16. DATE OF INTERVIEW</p>	<p>17. DATE OF INTERVIEW</p>	<p>18. DATE OF INTERVIEW</p>
<p>19. DATE OF INTERVIEW</p>	<p>20. DATE OF INTERVIEW</p>	<p>21. DATE OF INTERVIEW</p>
<p>22. DATE OF INTERVIEW</p>	<p>23. DATE OF INTERVIEW</p>	<p>24. DATE OF INTERVIEW</p>
<p>25. DATE OF INTERVIEW</p>	<p>26. DATE OF INTERVIEW</p>	<p>27. DATE OF INTERVIEW</p>
<p>28. DATE OF INTERVIEW</p>	<p>29. DATE OF INTERVIEW</p>	<p>30. DATE OF INTERVIEW</p>

520

52 7631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7631
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

10A MAY YOUNG

2. DATE
OF
DEATH

Aug. 14-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or location)
INSTITUTION

927 N. Calvert St.

Yrs.
Mos.
Days

Length of stay in Baltimore

4 years

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Oct. 1863

9. AGE (In years
last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Isaac Stover

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

Ch. S.

14. MOTHER'S MAIDEN NAME

Eleanor Wance

17. INFORMANT

Dellie Morris

ADDRESS

927 N. Calvert St.

18. 048X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute dysenteric infections
DehydrationINTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Senility - arteriosclerosis
- unknownII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1952 to 8/14, 1952, that I last saw the
deceased alive on 8/14, 1952 and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. M. M. M. M.

M. D.

23B. ADDRESS

801 Burn St.

23C. DATE SIGNED

8/14/52

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

8/17/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cem.

24D. LOCATION (City, town, or county)

Croomville, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Powell + Hartley

ADDRESS

Croomville, Md

AUG 15 1952

VS 150

19520

Croomville, Md

MEDICAL CERTIFICATION

1. *Chrysomelidae* - 10
 2. *Chrysomelidae* - 10
 3. *Chrysomelidae* - 10
 4. *Chrysomelidae* - 10
 5. *Chrysomelidae* - 10
 6. *Chrysomelidae* - 10
 7. *Chrysomelidae* - 10
 8. *Chrysomelidae* - 10
 9. *Chrysomelidae* - 10
 10. *Chrysomelidae* - 10

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5 10/12 21/11 105

44/8
44/8

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52 7632

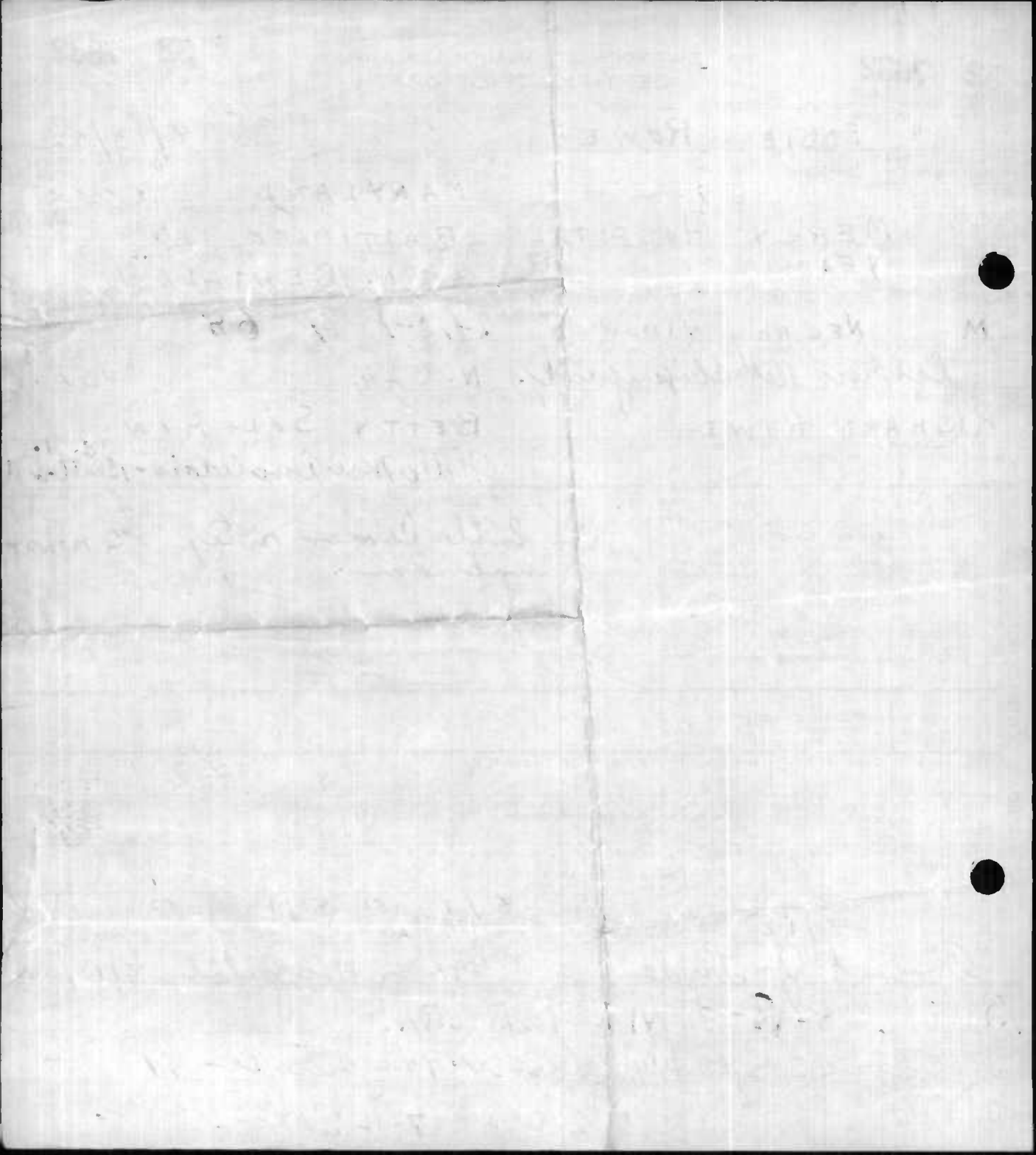
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7632
Registered No.

1. NAME OF DECEASED (Type or Print) EDDIE ROWE		2. DATE OF DEATH 8/13/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
8. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN BALTIMORE 20-02	
Length of stay in Baltimore YEARS		D. STREET ADDRESS (If rural, give location) 35 N. BENTALOU	
5. SEX M	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.	B. DATE OF BIRTH 2-10-1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer Redship yard.		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68
13. FATHER'S NAME RICHARD ROWE		12. CITIZEN OF WHAT COUNTRY? USA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		11. BIRTHPLACE (State or foreign country) N. CAR.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME BETTY SOLOMON	
17. INFORMANT Eddie Mae Rowe Adair - Bentlow St		ADDRESS 35-N.	
1B. 199.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Probable Cancer site unknown.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH 2 MONTH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/1/52 to 8/13/52 , 19 52 that I last saw the deceased alive on 8/12/52 , 19 52 and that death occurred at 9:52 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Robert J. Lyden		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 8/13/52		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 8-18-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Huntington Williams	
DATE RECEIVED BY LOCAL REGISTRAR 15 1952		25. FUNERAL DIRECTOR ADDRESS W. Halstead - 918 -	

MEDICAL CERTIFICATION

AUG 15 1952 VS-150 1 9 59 0034404012 Hill Ave.



120

52 7633

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7633
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **SALLY Ramey DOBBS** 2. DATE OF DEATH **8/13/52**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE **Md.** B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION **Univ. Hosp.** 6. CITY OR TOWN **Balto.** 7. STREET ADDRESS (If rural, give location) **716 Hunting Place**

8. LENGTH OF STAY IN BALTIMORE **39** 9. SEX **F** 10. COLOR OR RACE **W** 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MP** 12. DATE OF BIRTH **Jan. 3, 1913** 13. AGE (In year, last birthday) **39** 14. Under 1 Year: Months: Days 15. Under 24 Hours: Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Technician** 17. KIND OF BUSINESS OR INDUSTRY **Hospital** 18. BIRTHPLACE (State or foreign country) **Md.** 19. CITIZEN OF WHAT COUNTRY? **US**

20. FATHER'S NAME **Harry M. Ramey** 21. MOTHER'S MAIDEN NAME **Sally Zea**

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **-** 23. SOCIAL SECURITY NO. **-** 24. INFORMANT **Dr. Ed. C. Sabbs** 25. ADDRESS **above**

26. 1B. **193X** CAUSE OF DEATH **Stroma of brain** 27. INTERVAL BETWEEN ONSET AND DEATH **4 mos**

28. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Stroma of brain** DUE TO

29. ANTECEDENT CAUSES (B) DUE TO (C)

30. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

32. 19A. DATE OF OPERATION **8/12/52** 33. 19B. MAJOR FINDINGS OF OPERATION **Stroma of brain** 34. 20. AUTOPSY? YES ☒ NO ☐

35. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 36. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg., etc.) 37. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

38. 21D. TIME (Month) (Day) (Year) (Hour) INJURY 39. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 40. 21F. HOW DID INJURY OCCUR?

41. 22. I hereby certify that I attended the deceased from **8/12**, 19**52**, to **8/13**, 19**52**, that I last saw the deceased alive on **8/13**, 19**52**, and that death occurred at **11** m., from the causes and on the date stated above.

42. 23A. SIGNATURE **George C. Alderman** 43. 23B. ADDRESS **Univ. Hosp.** 44. 23C. DATE SIGNED **8/13/52**

45. 24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 46. 24B. DATE **8/15/52** 47. 24C. NAME OF CEMETERY OR CREMATORY **Woodlawn Cem.** 48. 24D. LOCATION (City, town, or county) (State) **Woodlawn, Md.**

49. DATE RECEIVED BY LOCAL REGISTRAR **AUG 15 1952** 50. REGISTRAR'S SIGNATURE **Huntington Williams** 51. FUNERAL DIRECTOR **Chas. J. Tichauer & Sons** 52. ADDRESS **Balto. 17, Md.**

53. VS 150 54. **5-89487**

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1



26
52 7634BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7634
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) DAVID MILLHAUSER		2. DATE OF DEATH August 13, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore O. STREET ADDRESS (If rural, give location) 3015 St. Paul Street
B. FULL NAME OF Union Memorial Hospital HOSPITAL OR INSTITUTE Length of stay in Baltimore Yrs. Mos. Days		9. AGE (In years last birthday) 78 79 If Under 1 Year Months Days If Under 24 Hours Hours Min.
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reader		10B. KIND OF BUSINESS OR INDUSTRY Christian Science
13. FATHER'S NAME Benedict Millhauser		14. MOTHER'S MAIDEN NAME Lina Harburger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Margaret E. Millhauser - 3015 St. Paul		ADDRESS Paul

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease DUE TO (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Aug. 14, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 8/15/52	24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory		24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR Aug 15 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Dickerson & Sons</i>	ADDRESS Balto 17, Md.
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V S 151
1952-08-15

17. 11. 1917

52 7635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7635

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRIETTA C. FREUND

2. DATE
OF
DEATH

Aug. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
1800 N. Charles St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Md.

B. COUNTY before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)
Baltimore 12-05

D. STREET ADDRESS (If rural, give location)

1800 N. Charles St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 26, 1880

9. AGE (In years,
last birthday)

71

10. Under 1 Year 11. Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Lane

14. MOTHER'S MAIDEN NAME

Eliza --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Arthur M. Peiffer - 3602 Callaway Ave

18.

420.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) DUE TO

Coronary Sclerosis -

(B) DUE TO

Hypertensive Arterio -
Sclerosis - renal disease

(C) DUE TO

Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 1948 to Aug 12, 1952, that I last saw the
deceased alive on Aug 12, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial--

8/15/52

Lorraine Park Cem.

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

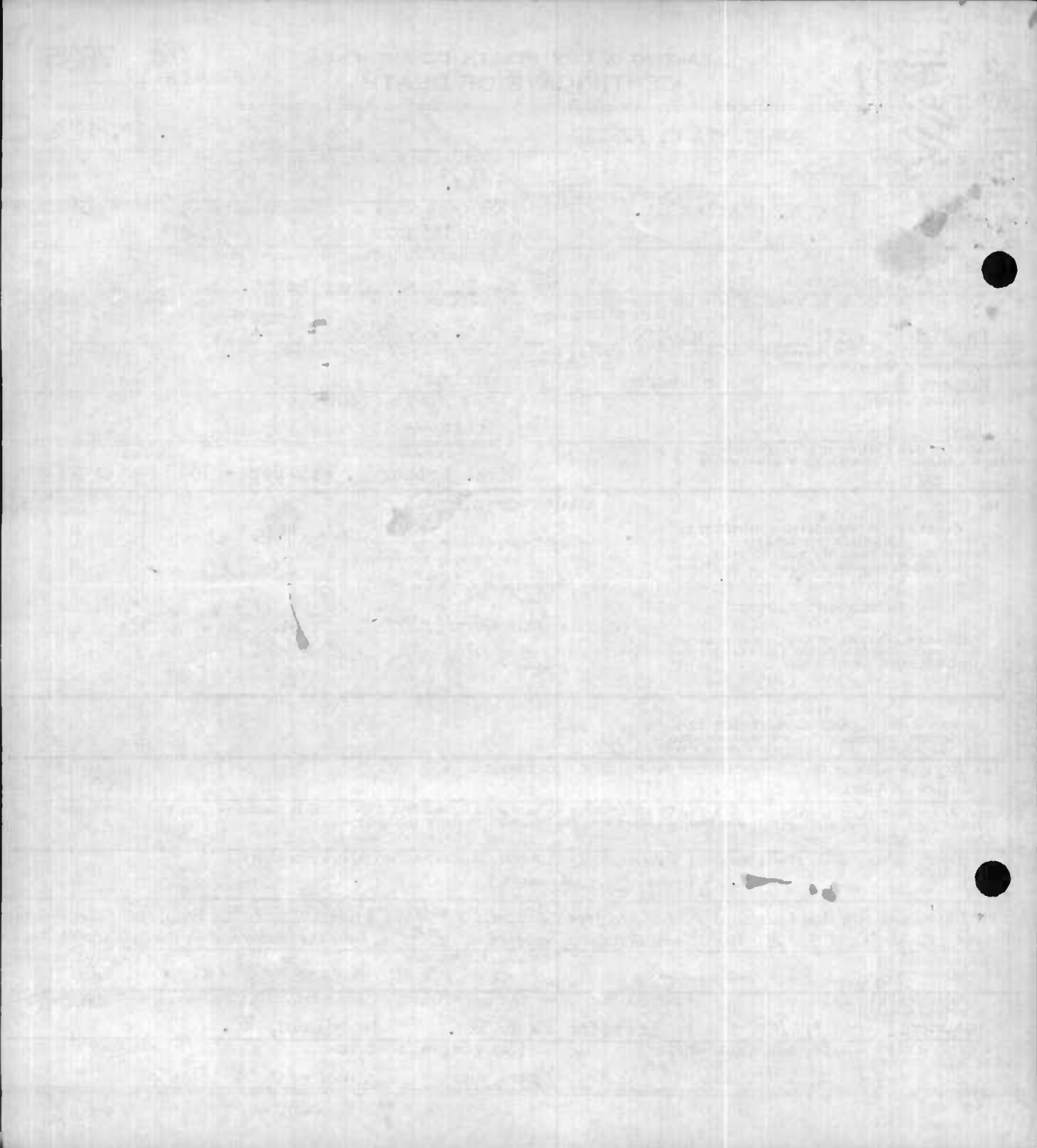
AUG 15 1952

Huntington Williams, M.D. J. Lickner & Sons

VS 150

19520007635 Bx 17, Md.

MEDICAL CERTIFICATION



50

52 7636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7636

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Clifford Buhman		2. DATE OF DEATH Aug. 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3410 Devonshire Drive		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 27-20	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 3410 Devonshire Drive	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer		10B. KIND OF BUSINESS OR INDUSTRY Office Bldg.	9. AGE (in years last birthday) 68
13. FATHER'S NAME Henry Buhman		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 218-22-6617		14. MOTHER'S MAIDEN NAME Caroline Cliff	
17. INFORMANT Miss Catherine Buhman		ADDRESS 3410 Devonshire Dr	

18. **42011**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis****Minutes**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....

14 Aug. 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

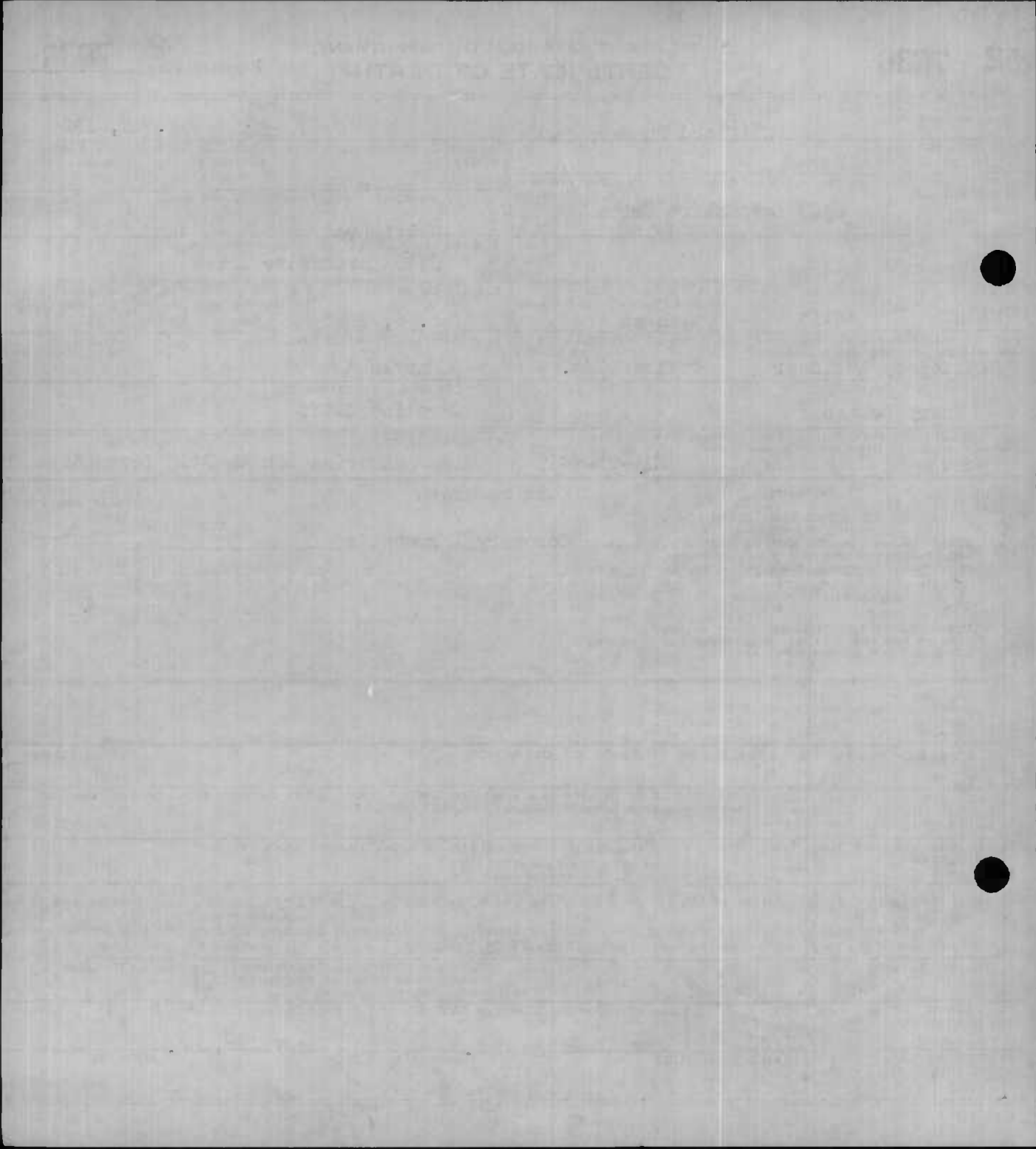
ADDRESS

VS 151

Aug 15 1952**Huntington Williams, Wm. J. Ticker & Sons****1952 09 09 T. B. 2nd**

✓

MEDICAL CERTIFICATION



150

52 7637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7637

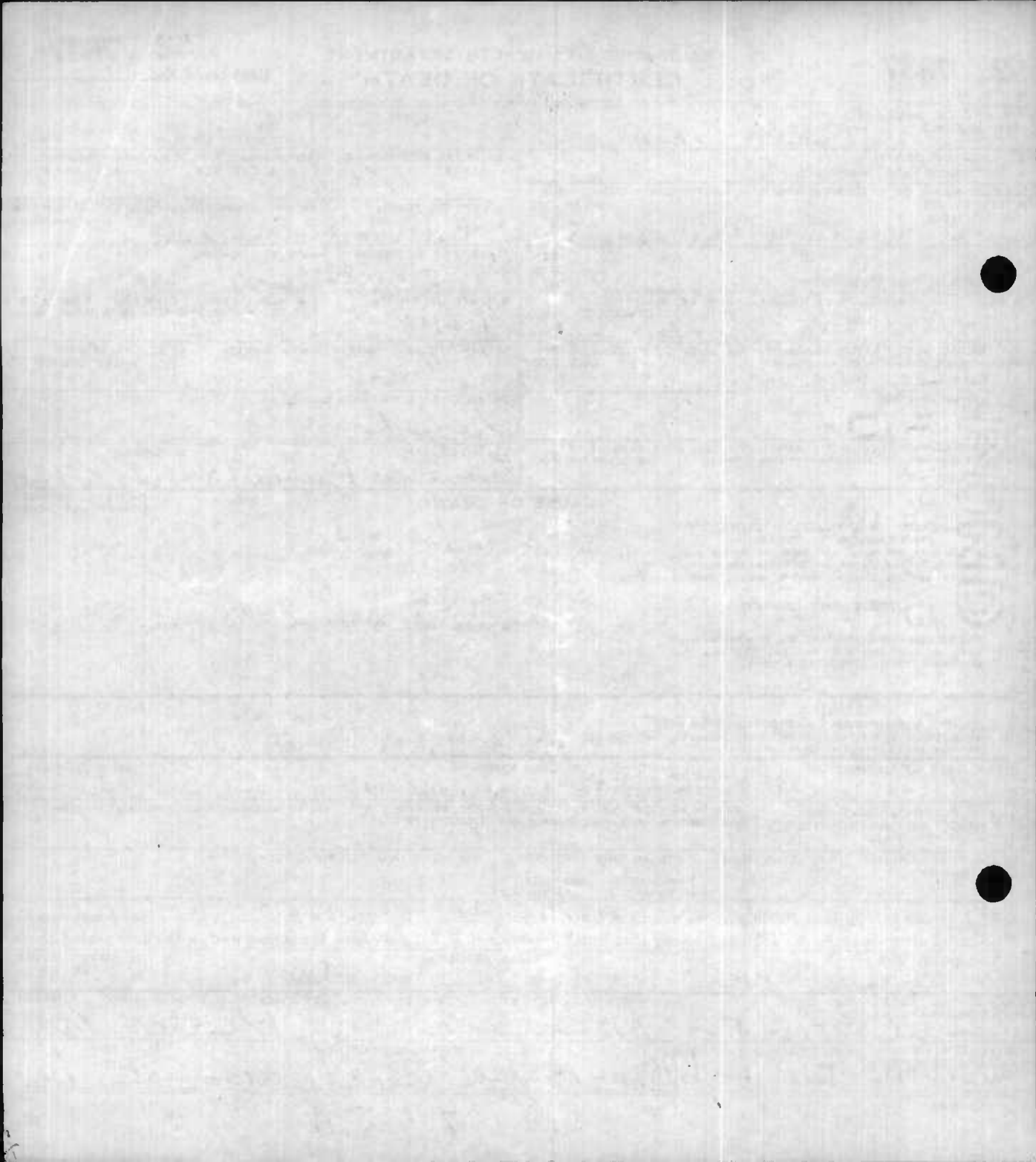
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MOLLIE RUBIN		2. DATE OF DEATH AUG. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 3-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Baltimore Inc		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland	
D. STREET ADDRESS (If rural, give location) 1415 E. Baltimore Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 4/5/87
9. AGE (In years last birthday) 65		10. CITIZEN OF WHAT COUNTRY? Russia	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? Russia	
13. FATHER'S NAME Philip		14. MOTHER'S MAIDEN NAME Sarah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. Leonard Rubin - 848 Sharp St	
17. INFORMANT Leonard Rubin		ADDRESS 848 Sharp St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Obesity & Age of Patient		5 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 8/12/52		19B. MAJOR FINDINGS OF OPERATION Strangulated & gangrenous loops of large bowel	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	
21C. WHERE DID INJURY OCCUR? <input type="checkbox"/>		21D. TIME (Month) (Day) (Year) (Hour) <input type="checkbox"/>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Aug. 12, 1952 to Aug. 14, 1952 that I last saw the deceased alive on Aug. 14, 1952 and that death occurred at 3:45 Pm. from the causes and on the date stated above.			
23A. SIGNATURE Julius S. River		23B. ADDRESS Sinai Hospital	
23C. DATE SIGNED Aug. 14, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Funeral		24B. DATE 8-15-52	
24C. NAME OF CEMETERY OR CREMATORY Rosedale		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Cutaw Rd	

MEDICAL CERTIFICATION

12520007634



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52 7638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7638

Registered No. _____

1. NAME OF DECEASED (Type or Print) FANNIE LEVIE			2. DATE OF DEATH 8-14-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4415 Kathlamet Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-02		
C. Length of stay in Baltimore 60 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4415 Kathlamet Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 86	9. AGE (In years last birthday) 86	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia
13. FATHER'S NAME Nathan			12. CITIZEN OF WHAT COUNTRY? Russia		
14. MOTHER'S MAIDEN NAME Mary			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Abel M. Levie - Same		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Failure DUE TO Hypertension C-R Disease DUE TO Myocardial Infarction Myocardial Infarction Myocardial Infarction	CAUSE OF DEATH Myocardial Failure Hypertension C-R Disease Myocardial Infarction Myocardial Infarction Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH 10 days 3 2 years 2 years
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 14, 1951 , to Aug 14, 1952 , that I last saw the deceased alive on Aug 14, 1952 , and that death occurred at 4 PM m., from the causes and on the date stated above.					
23A. SIGNATURE John J. Greenberg		23B. ADDRESS 1214 E. 3rd St		23C. DATE SIGNED 8/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-17-52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew	
24D. LOCATION (City, town, or county) Balto, Md		24E. FUNERAL DIRECTOR Jack Lewis		24F. ADDRESS 2100 Eutan Pl	

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BALTIMORE CITY HEALTH DEPARTMENT

52 7639
Registered No.

52 7639 51-21253
BIRTH NO.

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) <i>Thomas Joseph Siebley</i>			2. DATE OF DEATH <i>Aug 14, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-01</i>		
D. Length of stay in Baltimore			E. STREET ADDRESS (If rural, give location) <i>749 McHenry St. Baltimore</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Sep 10, 1951</i>	9. AGE (In years last birthday) <i>11</i>	If Under 1 Year: Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>MD.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME <i>Reta Jane Siebley.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Reta J. Siebley 749 McHenry St.</i>		

18. I <i>Every</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Encephalitis</i> (A) DUE TO	CAUSE OF DEATH <i>Encephalitis</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) DUE TO <i>Cardiac-respiratory failure</i>	
(C) DUE TO		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9 Aug 1952</i> to <i>14 Aug 1952</i> , that I last saw the deceased alive on <i>14 Aug 1952</i> and that death occurred at <i>1 A. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Edw. J. D'Arcy</i>		23B. ADDRESS <i>Mercy Hosp.</i>		23C. DATE SIGNED <i>14 Aug 1952</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>8-15-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Meadowdale</i>	24D. LOCATION (City, town, or county) <i>Howard Co Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	25. FUNERAL DIRECTOR <i>Robt Cr B. M. Walters</i>	
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52 7640

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7640

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Anna M. Beall</u>			2. DATE OF DEATH <u>8/12/52</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>28-02</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>5104 Belleville Ave.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>5104 Belleville Av.</u>			E. LENGTH OF STAY IN BALTIMORE Yrs. <u> </u> Mos. <u> </u> Days <u> </u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug. 10, '80</u>		9. AGE (In years last birthday) <u>72</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u> </u>
13. FATHER'S NAME <u>Charles A. Geller</u>			14. MOTHER'S MAIDEN NAME <u>Theresa Eicheldinger</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u> </u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT ADDRESS <u>Mr. Egan Geller 5104 Belleville Av.</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Occlusion</u>	CAUSE OF DEATH <u>Coronary Occlusion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4 hr</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerotic Cardiac</u>	(A) DUE TO <u>Arteriosclerotic Cardiac</u>	
	(B) DUE TO <u>Vascular disease</u>	
	(C) DUE TO <u> </u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION <u> </u>	19B. MAJOR FINDINGS OF OPERATION <u> </u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u> </u>
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u> </u>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? <u> </u>
22. I hereby certify that I attended the deceased from <u>8-10-46</u> 19 <u>46</u> to <u>8-12-52</u> 19 <u>52</u> , that I last saw the deceased alive on <u>8-12-52</u> and that death occurred at <u>5 P.m.</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>On the 4 above</u>	23B. ADDRESS <u> </u>	23C. DATE SIGNED <u> </u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>8/16/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	24D. LOCATION (City, town, or county) (State) <u>Belair Rd.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 15 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>JOHN E. DENNY, 136 7715 Light St.</u>	

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INSTITUTE OF HEALTH
CERTIFICATE OF DEATH

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52 7641
BIRTH NO.

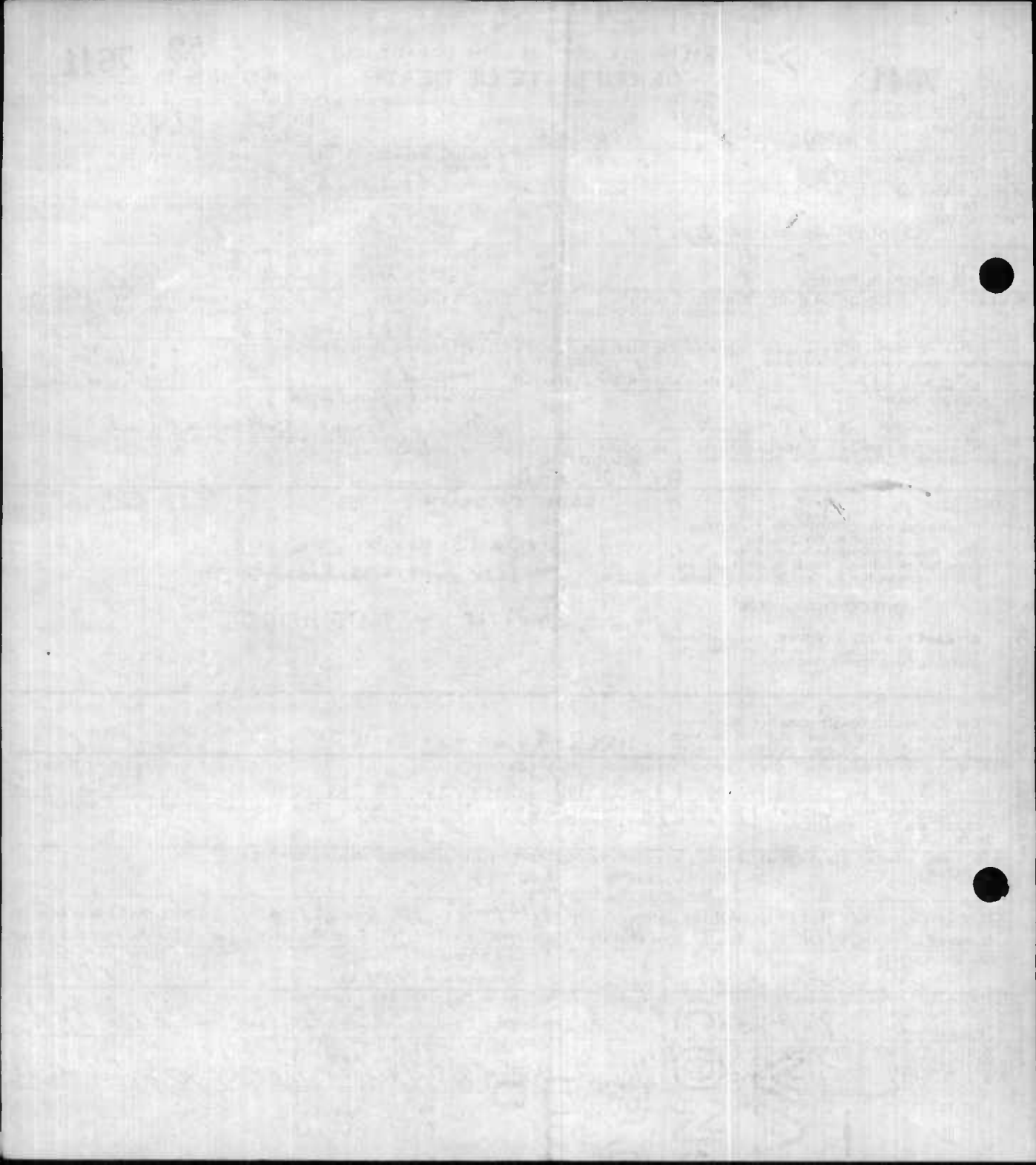
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7641
Registered No.

1. NAME OF DECEASED (Type or Print) Thomas O'ROURKE		2. DATE OF DEATH 8/14/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltp. Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE SINAI HOSP. OF BALTIM.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 8-02	
C. Length of stay in Baltimore 58 yrs		D. STREET ADDRESS (If rural, give location) 1605 N. Patterson PK ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Aug. 29 1893
9. AGE (in years last birthday) 58		10. Under 1 Year: Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Monumental Printing Co.	
11. BIRTHPLACE (State or foreign country) Balto		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Patrick O'Rourke		14. MOTHER'S MAIDEN NAME Mary Ann Shanahan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-01-3448	
17. INFORMANT		ADDRESS	

18. 550.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) HEPATO-RENAL FAILURE (CIRCULATORY COLLAPSE) DUE TO CAECITIS, PERITONITIS		INTERVAL BETWEEN ONSET AND DEATH 36 hours
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CIRRHOSIS OF THE LIVER		
19A. DATE OF OPERATION 8/13/52		

19A. DATE OF OPERATION 8/13/52		19B. MAJOR FINDINGS OF OPERATION Peritonitis, Caecitis, Cirrhosis of the Liver		20. 'AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/13/52 19 52 to 8/14 19 52 that I last saw the deceased alive on 8/14 19 52 and that death occurred at 145 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Malcolm L. Robbins M. D.		23B. ADDRESS Sinai Hosp.		23C. DATE SIGNED 8/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-18-52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	
24D. LOCATION (City, town, or county) (State) Taylor Ave. - Balto. Md.		25. FUNERAL DIRECTOR John C. Miller Inc. - 2435 E. Ohio St.			
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952		REGISTRAR'S SIGNATURE Huntington Williams			



CERTIFICATE CORRECTED 10/2/52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7642
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Edward Walker			2. DATE OF DEATH Aug. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US PHS Hospital Baltimore 11, Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn		
c. Length of stay in Baltimore --- Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4103 Highland Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1901	9. AGE (In years last birthday) 50	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10B. KIND OF BUSINESS OR INDUSTRY Seafaring	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank Walker			14. MOTHER'S MAIDEN NAME Mary Whittick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT ADDRESS Records, USPHS Hospital, Balto., Md		

18. 451x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Dissecting aneurysm, postoperative state.		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rupture of arteriosclerotic abdominal aortic aneurysm		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 9 , 19 52 , to Aug. 12 , 19 52 , that I last saw the deceased alive on Aug. 12, 1952 , and that death occurred at 4:45 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter, Sr. Surgeon		23B. ADDRESS US PHS Hospital, Balto., Md		23C. DATE SIGNED 8-12-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 8-16-52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) (State) Balto. Md		25. FUNERAL DIRECTOR ADDRESS 673 8th St. N.E. Wash. D.C.			
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

See Document File 52-7642

Letter from Dr. J. A. Hunter, Sr. Surgeon

Clinical Director

US Public Health Service Hospital

530
52 7643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7643
Registered No.

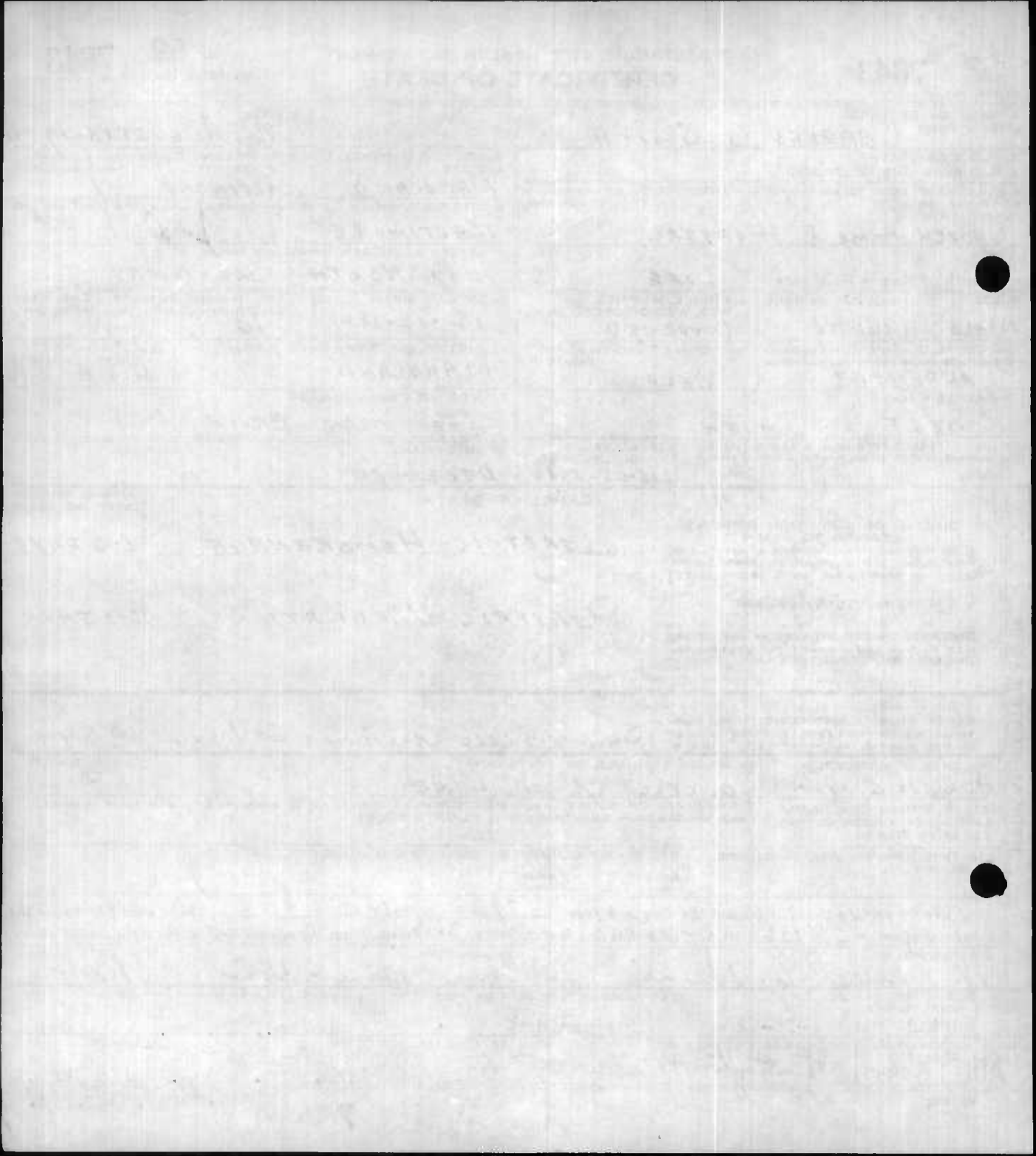
1. NAME OF DECEASED (Type or Print) CHARLES G. SMITH		2. DATE OF DEATH AUGUST 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME & HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE	
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 1007 NORTH BROADWAY	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 12-12-1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10B. KIND OF BUSINESS OR INDUSTRY SELF	
13. FATHER'S NAME ROBERT L. SMITH		14. MOTHER'S MAIDEN NAME ZOA MAY CRISP	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-05-5749	
17. INFORMANT DECEASED		ADDRESS	

18. 163x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) GASTRIC HEMORRHAGE DUE TO		2-3 DAYS
(B) GASTRIC ULCERATION DUE TO		2-3 DAYS
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
SQUAMOUS CELL CARCINOMA OF LUNG @ 3 mos.

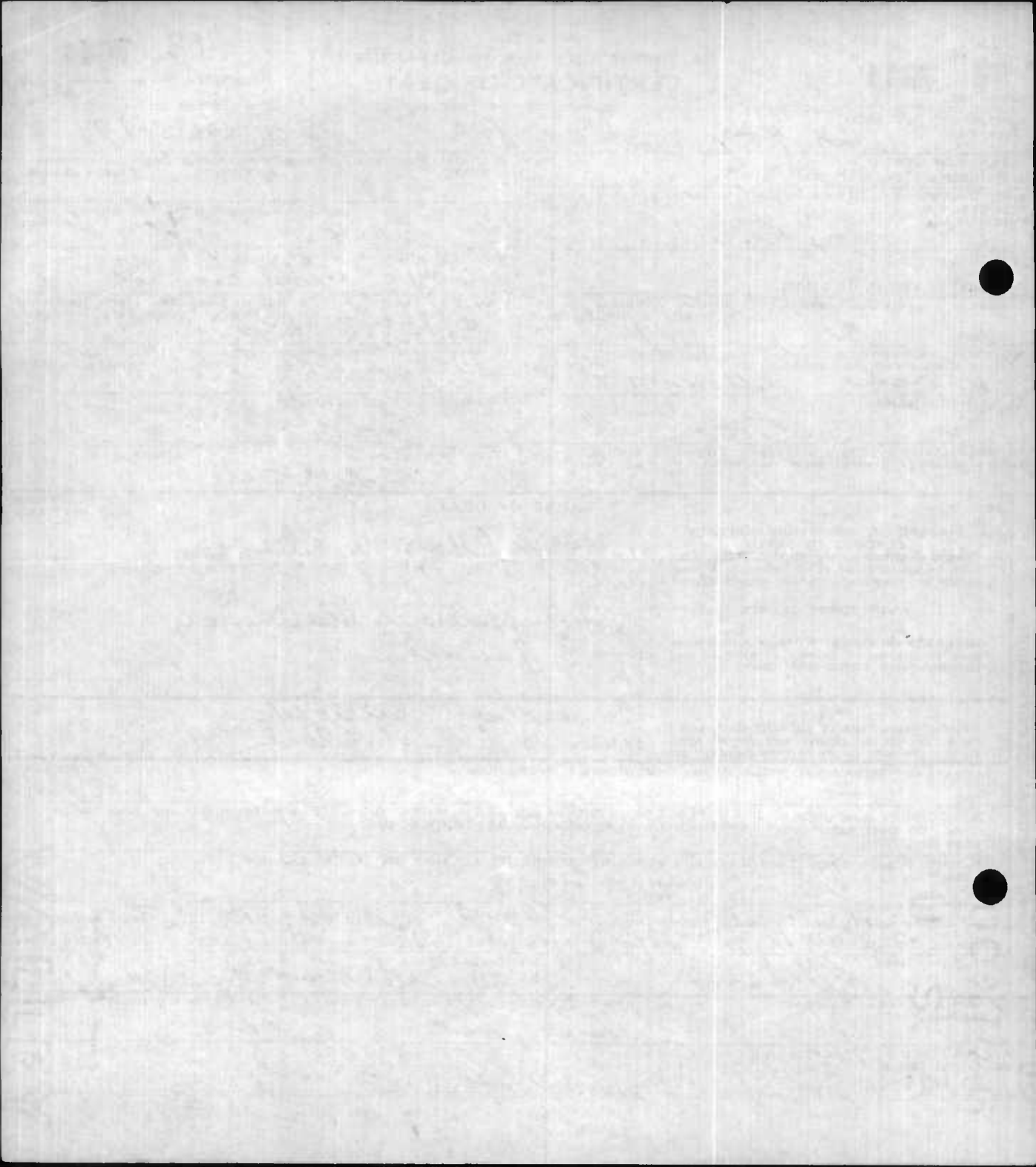
19A. DATE OF OPERATION AUGUST 5, 1952		19B. MAJOR FINDINGS OF OPERATION SQ. CELL CA OF LUNG		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7/30, 1952 , to 8/13, 1952 , that I last saw the deceased alive on 8/13, 1952 and that death occurred at 2:50 a.m. , from the causes and on the date stated above.				
23A. SIGNATURE W. Samuel G. Harris		23B. ADDRESS Church Home - Hosp.		23C. DATE SIGNED 8/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-16-52	24C. NAME OF CEMETERY OR CREMATORY Meadowridge	24D. LOCATION (City, town, or county) (State) Balto., Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Lilly & Zeiler, Inc.		ADDRESS 403 S. Wolfe Street Baltimore, 31, Md.	



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52 7644BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7644
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John Retz (John Retz)</i>		2. DATE OF DEATH <i>Aug. 12, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>P.B.C.A.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO.</i> <i>24-01</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1461 Stevenson St.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>6/13/97</i>	9. AGE (In years last birthday) <i>55</i>	10. Under 1 Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Boiler</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>App. Eng. Rep.</i>		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>	
13. FATHER'S NAME <i>Wm.</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Family Name</i>	
18. <i>420.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Acute Pulmonary Edema</i> DUE TO (B) <i>Arteriosclerotic Heart Disease</i> DUE TO <i>2 Failure.</i> (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Auricular fibrillation</i> <i>Bundle Branch Block</i>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug. 2, 1952</i> to <i>Aug. 12, 1952</i> , that I last saw the deceased alive on <i>Aug 12, 1952</i> and that death occurred at <i>8:35 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ellen Papad</i>		23B. ADDRESS <i>Saunder Baltimore Gen. Hosp.</i>		23C. DATE SIGNED <i>8/12/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>8-16-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>		25. FUNERAL DIRECTOR <i>Geo. L. K. Cully</i>	
				ADDRESS <i>137 E. Pratt Ave.</i>	



326
52 7645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7645
Registered No.

1. NAME OF DECEASED (Type or Print) George Katsaros			2. DATE OF DEATH 8-12-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto md.			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY 15		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2000 Whitier ave			C. CITY OR TOWN Balto md		
c. Length of stay in Baltimore 40 years			D. STREET ADDRESS (If rural, give location) 2000 Whitier ave		
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH		9. AGE (In years, last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY sea food	11. BIRTHPLACE (State or foreign country) Greece		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Peter		14. MOTHER'S MAIDEN NAME Georgia Lafana			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Wife ADDRESS Same	

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Sigmoid DUE TO	CAUSE OF DEATH Carcinoma Sigmoid DUE TO	INTERVAL BETWEEN ONSET AND DEATH 15 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intestinal Obstruction		2 weeks

19A. DATE OF OPERATION 5-11-52	19B. MAJOR FINDINGS OF OPERATION Carcinoma Sigmoid Intestinal Obstruction	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) no	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June** 19**52** to **Aug** 19**52**, that I last saw the deceased alive on **Aug 7**, 19**52**, and that death occurred at **6:00** p. m., from the causes and on the date stated above.

23A. SIGNATURE **Dean Grotto** M. D. 23B. ADDRESS **1017 N. Bead St** 23C. DATE SIGNED **8/14/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-15-52	24C. NAME OF CEMETERY OR CREMATORY Greek Cem	24D. LOCATION (City, town, or county) (State) Windsor Mill Rd.
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Lombros Funeral Home Inc ADDRESS 440 E. North Ave.	

VS 150
52 7645 9906A 7 6 4 0

7187

SC

UNITED STATES OF AMERICA

1910

1015

11

12-1-10

20-11-10

164
52 7646BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7646
Registered No.

1. NAME OF DECEASED (Type or Print) Louise Eberle		2. DATE OF DEATH August 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1911 Chelsea Road		C. CITY OR TOWN Baltimore	
C. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1911 Chelsea Road	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH August 26, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9. AGE (in years last birthday) 76	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Franz Eberle		12. CITIZEN OF WHAT COUNTRY? U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Olge Stiermetz	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Wm. L. Robinson - 1911 Chelsea Road	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertensive cardio-vascular disease with myocardial hypertrophy and degeneration and generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1952 , to August 14, 1952 , that I last saw the deceased alive on August 7, 1952 , and that death occurred at 3:55 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Wm. Mitchell		23B. ADDRESS 1015 Poplar Grove St.	
23C. DATE SIGNED 8-14-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-16-52	
24C. NAME OF CEMETERY OR CREMATORY Western		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		ADDRESS -1900 Eutaw Pl.	

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CERTIFICATE OF BIRTH

NAME OF CHILD

DATE

PLACE OF BIRTH

NAME OF MOTHER

NAME OF FATHER

NAME OF REGISTRAR

NAME OF WITNESS

AGE

DATE OF BIRTH

52 7647

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7647

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joshua E. Biggs

2. DATE
OF
DEATH

Aug. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1702 Ellamont St.

50-Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Engineer

10B. KIND OF BUSINESS OR

Balto. City Fire Dept.

INDUSTRY

13. FATHER'S NAME

William Biggs

8. DATE OF BIRTH

Nov. 7, 1880

9. AGE (in years
last birthday)

71

11 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Belle Anders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

219-20-7434 Mrs. Margaret A. Biggs 1702 Ellamont St.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Occlusion*
DUE TO *Congestive Heart Failure*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to Aug 14, 1952, that I last saw the
deceased alive on August 14, 1952, and that death occurred at 3:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-18-1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 15 1952

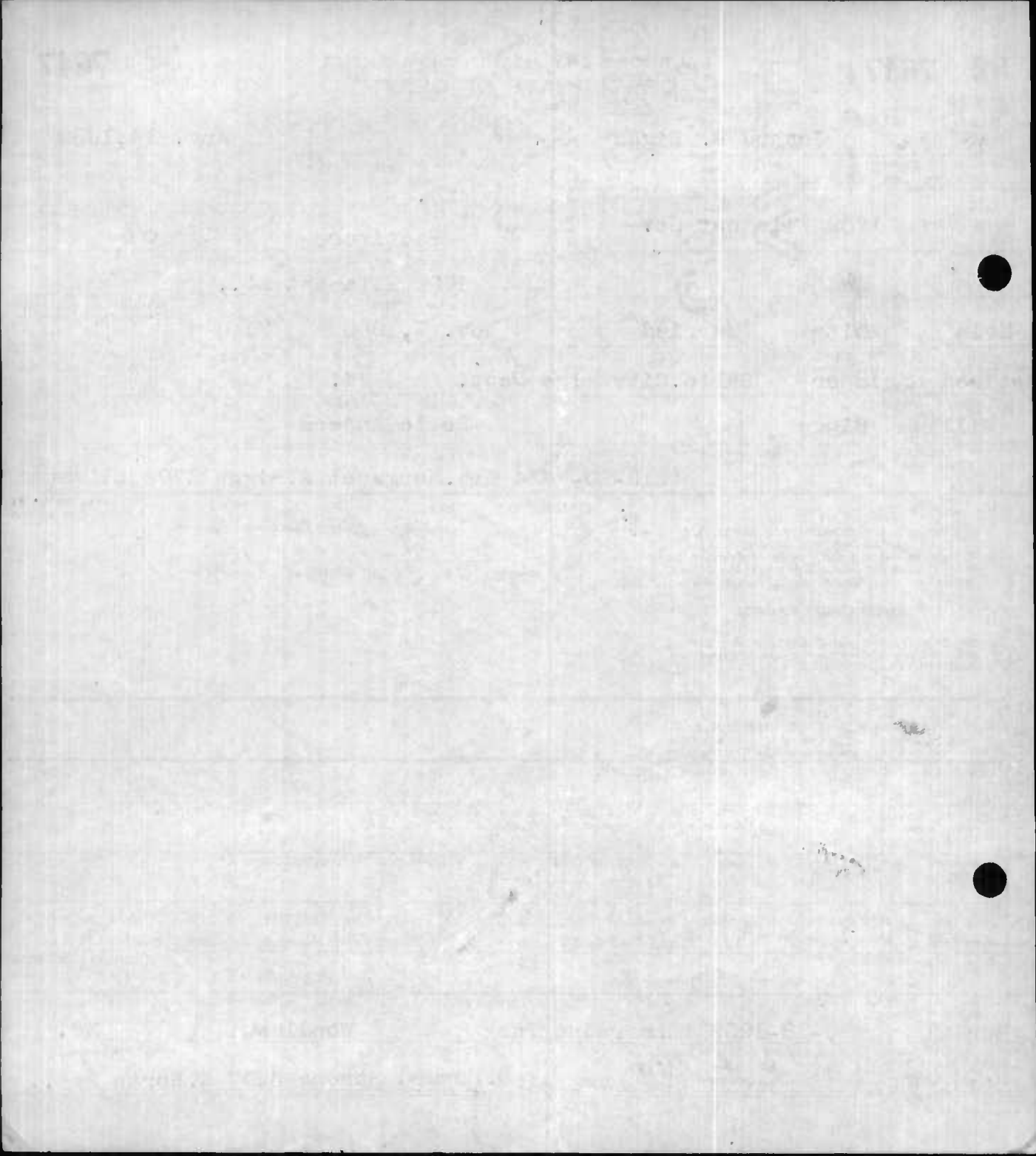
Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave..

VS 150

84592 644

MEDICAL CERTIFICATION



436
52 7648
BIRTH NO. 7648

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

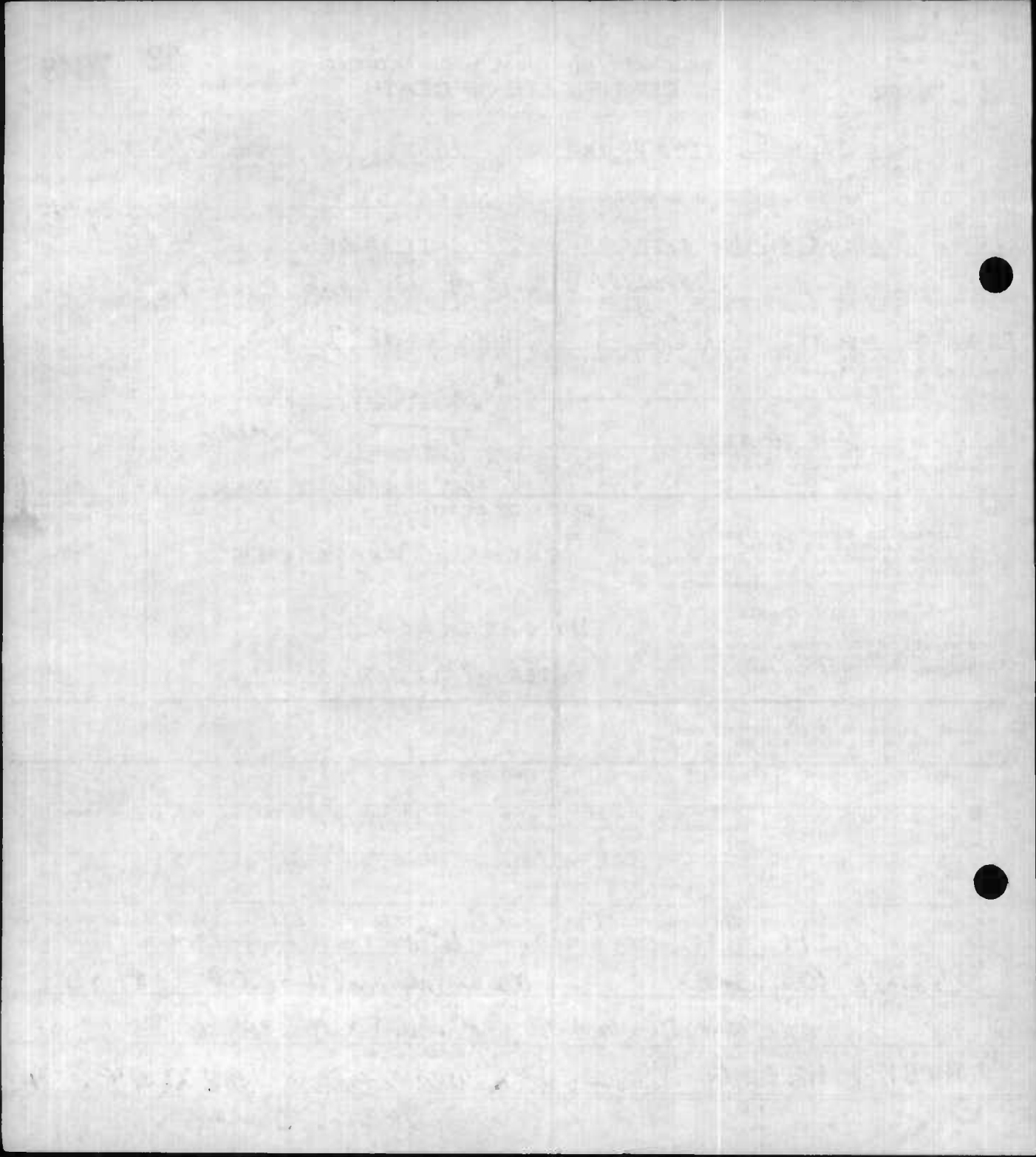
52 7648
Registered No.

1. NAME OF DECEASED (Type or Print) ADA JANE CLATTERBUCK		2. DATE OF DEATH 8/13/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, state RURAL and give township) BALTIMORE	
6. Length of stay in Baltimore 30 days		D. STREET ADDRESS (If rural, give location) 1099 W. LAKE AVENUE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JULY 22, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (in years last birthday) 65
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JESSE W. WHITEFIELD		14. MOTHER'S MAIDEN NAME Hilkes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT SON -		ADDRESS ROBERT LEE CLATTERBUCK 1097 W LAKE AV	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CEREBRAL HEMORRHAGE DUE TO HYPERTENSION DUE TO ARTERIOSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8/11		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/11 , 19 52 , to 8/13 , 19 52 , that I last saw the deceased alive on 8/13 , 19 52 , and that death occurred at 6:08 m., from the causes and on the date stated above.					
23A. SIGNATURE Georgia Reynolds		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 8/13/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 16-1952		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	
24D. LOCATION (City, town, or county) (State) Baltimore Co. Maryland		25. FUNERAL DIRECTOR George H. Surgee			
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 231 Volk Road	

1952007 George H. Surgee



0107 32

RECEIVED BY THE DEPARTMENT OF HEALTH

22 10 19

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Cause of death		6. Place of death		7. Signature of physician		8. Signature of registrar	
9. Name of informant		10. Address of informant		11. Date of registration		12. Registrar's office	
13. Name of funeral home		14. Address of funeral home		15. Date of burial		16. Burial place	
17. Name of cemetery		18. Address of cemetery		19. Date of interment		20. Interment place	
21. Name of church		22. Address of church		23. Date of service		24. Service place	
25. Name of minister		26. Address of minister		27. Date of service		28. Service place	
29. Name of sexton		30. Address of sexton		31. Date of service		32. Service place	
33. Name of undertaker		34. Address of undertaker		35. Date of service		36. Service place	
37. Name of casket		38. Address of casket		39. Date of service		40. Service place	
41. Name of coffin		42. Address of coffin		43. Date of service		44. Service place	
45. Name of shroud		46. Address of shroud		47. Date of service		48. Service place	
49. Name of pall		50. Address of pall		51. Date of service		52. Service place	
53. Name of hearse		54. Address of hearse		55. Date of service		56. Service place	
57. Name of funeral home		58. Address of funeral home		59. Date of service		60. Service place	
61. Name of cemetery		62. Address of cemetery		63. Date of service		64. Service place	
65. Name of church		66. Address of church		67. Date of service		68. Service place	
69. Name of minister		70. Address of minister		71. Date of service		72. Service place	
73. Name of sexton		74. Address of sexton		75. Date of service		76. Service place	
77. Name of undertaker		78. Address of undertaker		79. Date of service		80. Service place	
81. Name of casket		82. Address of casket		83. Date of service		84. Service place	
85. Name of coffin		86. Address of coffin		87. Date of service		88. Service place	
89. Name of shroud		90. Address of shroud		91. Date of service		92. Service place	
93. Name of pall		94. Address of pall		95. Date of service		96. Service place	
97. Name of hearse		98. Address of hearse		99. Date of service		100. Service place	

340

52 7650

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7650

1. NAME OF DECEASED
(Type or Print)

Patrick J. Gately

2. DATE
OF
DEATH

13 Aug. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

5439 Johnquil Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-18

D. STREET ADDRESS (If rural, give location)

5439 Johnquil Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

17 March, 1878

9. AGE (In years
last birthday)

74

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore Transit Co. Ireland

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael J. Gately

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
213-10-0040

17. INFORMANT

ADDRESS

Charles Gately (Son) 5439 Jonquil

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

Minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic heart disease

Years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Robert C. Sheppard

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☒23C. DATE SIGNED
14 Aug. 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
8/16/5224C. NAME OF CEMETERY OR CREMATORY
New Cathedral Cemetery24D. LOCATION (City, town, or county) (State)
Frederick Road Balto. Md.DATE RECEIVED BY LOCAL REGISTRAR
AUG 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

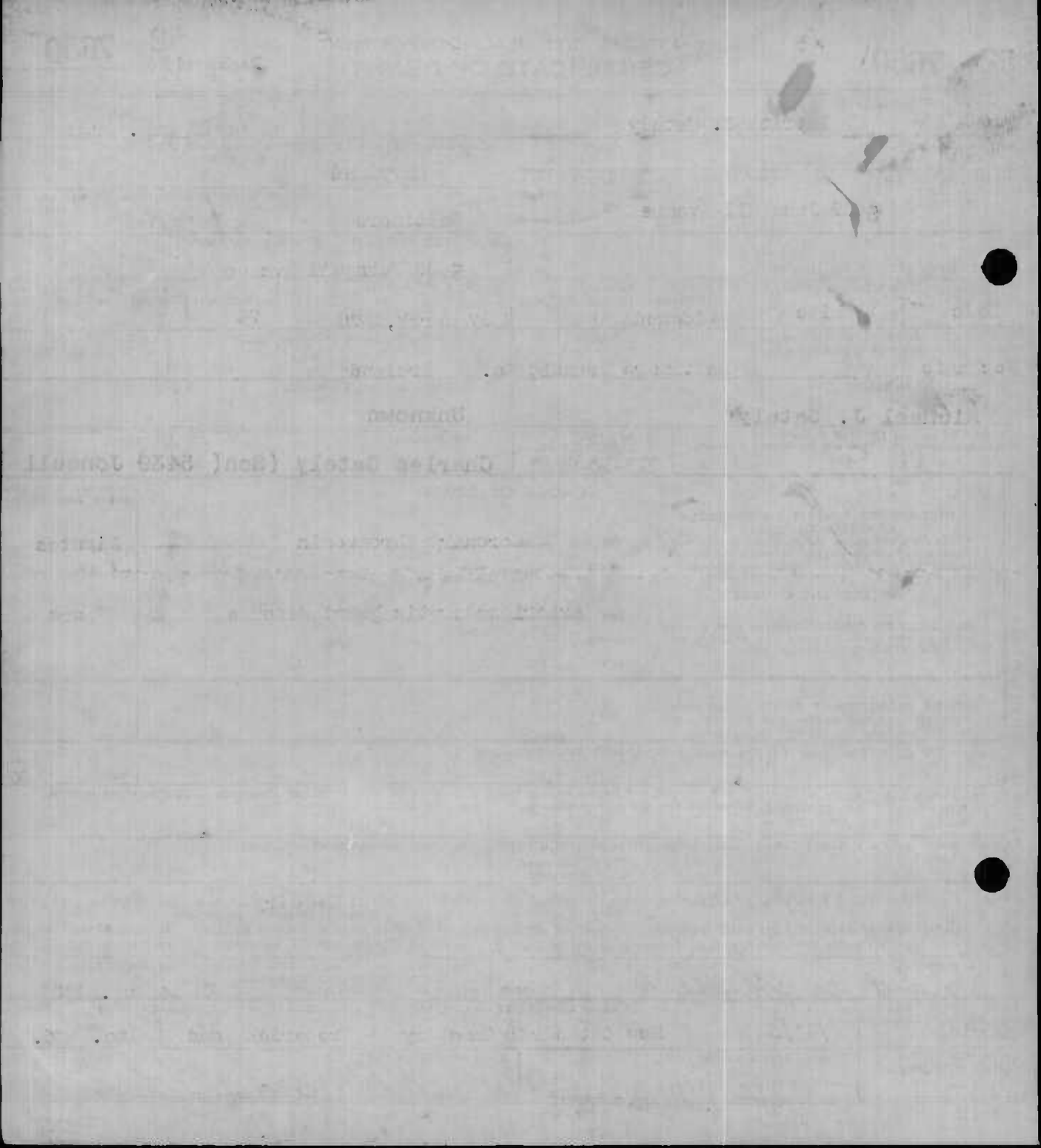
Frank H. Newell, Baltimore

VS 151

550 51 0 7 6 4 7

mel

MEDICAL CERTIFICATION



360
2 7651BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7651

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBECCA LEITER

2. DATE
OF
DEATH

8/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R. and give township)
Balto.D. STREET ADDRESS (If rural, give location)
2000 Bryant Ave

Length of stay in Baltimore

35 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1881

9. AGE (In years last birthday)

71

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR INDUSTRY
own home11. BIRTHPLACE (State or foreign country)
Russia.12. CITIZEN OF WHAT COUNTRY?
USA.13. FATHER'S NAME
Mordeci Melletz14. MOTHER'S MAIDEN NAME
Fannie Caplan15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Joseph Leiter- 2000 Bryant Avenue

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) probablg cerebral hemorrhage 6 hrs
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) hyper tensive cardio-vascular disease
DUE TO

(C) generalized arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14, 1952 to 8/17, 1952, that I last saw the deceased alive on 8/14, 1952, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

8/17/52

24C. NAME OF CEMETERY OR CREMATORY

Her Zion Congregation

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Levinson & Bros - 1124-26 W.

ADDRESS

North Ave.

VS 150

19520007640

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

100-100000

TO : SAC, NEW YORK
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

[The body of the document contains several paragraphs of text that are extremely faint and largely illegible. The text appears to be a memorandum or report, possibly detailing an investigation or administrative matter. There are two large black circular marks on the right side of the page, which may be punch holes or redactions.]

2660
7652BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7652
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FRANK J. DOERER		Aug. 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Park Avenue Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 3308 Lyndale Avenue		E. LENGTH OF STAY IN BALTIMORE 86 yrs 3 mo. 8 days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/5/1866	9. AGE (in years last birthday) 86	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY Lithograph plant		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Frank Doerer		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 220-01-5676		17. INFORMANT Mrs. Elizabeth Doerer	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH Senility arteriosclerotic vascular disease Pulmonary bleeding, cause undetermined		INTERVAL BETWEEN ONSET AND DEATH 3 days	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 6, 1952, to August 13, 1952, that I last saw the deceased alive on August 13, 1952, and that death occurred at 8:30 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Newland Edward Day		23B. ADDRESS 4-E-33rd St Balt 18		23C. DATE SIGNED August 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/16/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR Huntington Williams, MD		24F. ADDRESS Catonsville, Md.	

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1932

DATE OF DEATH Jan 12 1932 TIME OF DEATH 11:00 AM

PLACE OF DEATH Home STREET 1234 CITY Washington STATE D.C.

AGE 45 SEX Male OCCUPATION Engineer

CAUSE OF DEATH Myocardial Infarction

DATE OF BIRTH Jan 12 1887 PLACE OF BIRTH Washington

EDUCATION High School MARITAL STATUS Married

PREVIOUS ILLNESS None SIGNATURE OF PHYSICIAN [Signature]

DATE OF EXAMINATION Jan 12 1932 SIGNATURE OF REGISTRAR [Signature]

REMARKS Heart attack while working

TESTIMONY OF NEAREST RELATIVE [Signature]

TESTIMONY OF NEAREST RELATIVE [Signature]

TESTIMONY OF NEAREST RELATIVE [Signature]

TESTIMONY OF NEAREST RELATIVE [Signature]

TESTIMONY OF NEAREST RELATIVE [Signature]

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TESTIMONY OF NEAREST RELATIVE [Signature]

TESTIMONY OF NEAREST RELATIVE [Signature]

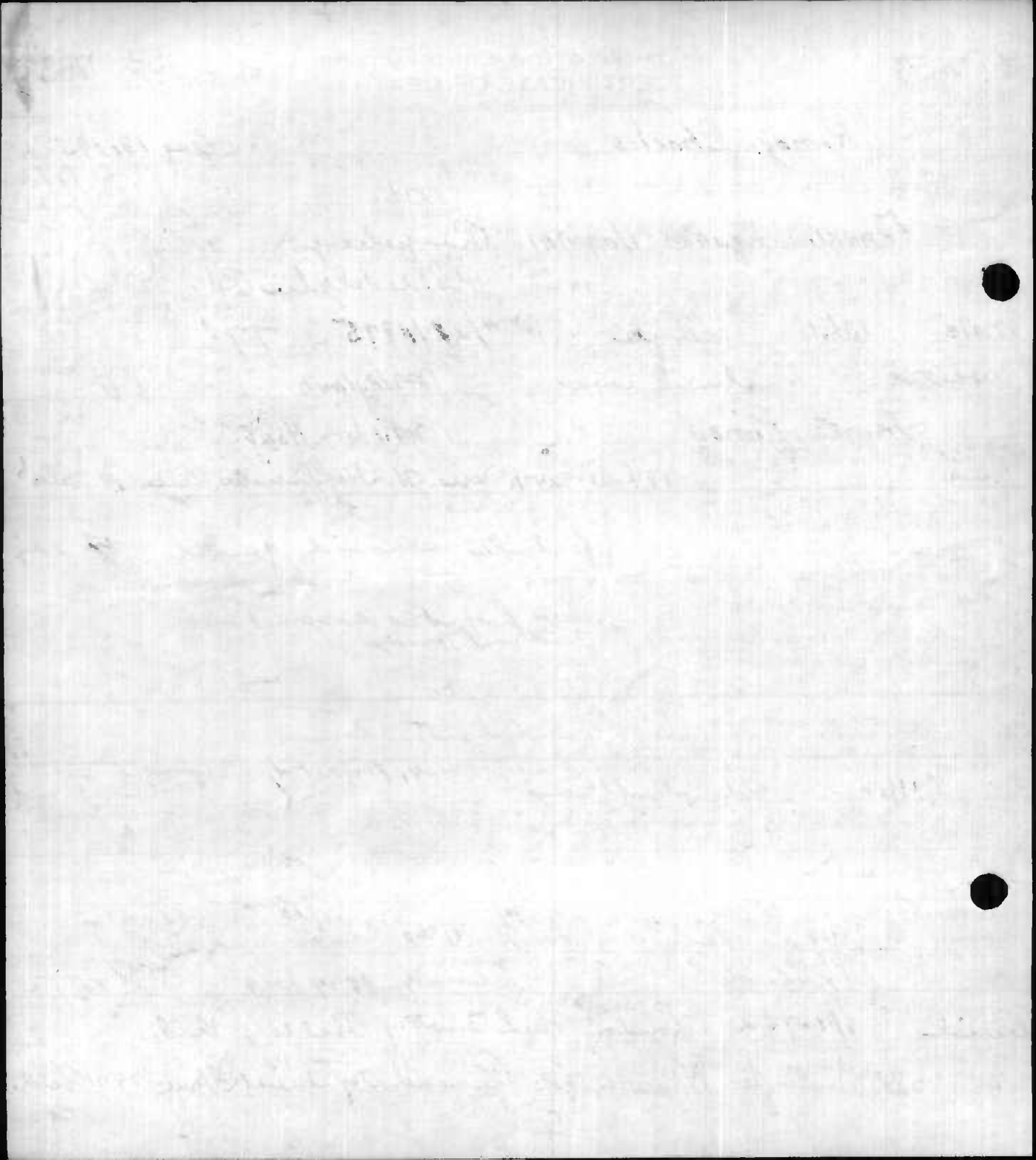
510
2 7653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7653
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Rimby, Charles</i>		2. DATE OF DEATH <i>Aug 13, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>FRANKLIN SQUARE Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Roseburg</i>	
6. LENGTH OF stay in Baltimore <i>10</i> Days		D. STREET ADDRESS (If rural, give location) <i>Philadelphia Rd. 5200</i>	
7. SEX <i>male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	10. DATE OF BIRTH <i>4/20/1875</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>waiter</i>		12. AGE (In years last birthday) <i>77</i>	
13. FATHER'S NAME <i>James Rimby</i>		14. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
17. SOCIAL SECURITY NO. <i>184-01-9240A</i>		18. MOTHER'S MARDEN NAME <i>Matilda Houf.</i>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		20. CAUSE OF DEATH	
21. ANTECEDENT CAUSES		22. INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		24. DUE TO (A) <i>peritonitis, abdominal, general</i>	
		(B) <i>ulcers perforated marginal and duodenal Stomach</i>	
		(C) <i>duodenal Stomach</i>	
25. DATE OF OPERATION <i>8/11/52</i>		26. MAJOR FINDINGS OF OPERATION <i>ulcer, perforated, marginal & duodenal Stomach</i>	
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
29. TIME (Month) (Day) (Year) (Hour) OF INJURY		30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. HOW DID INJURY OCCUR?	
33. I hereby certify that I attended the deceased from <i>8/14</i> 1952, to <i>8/13</i> 1952, that I last saw the deceased alive on <i>8/13</i> 1952, and that death occurred at <i>11:00 p. m.</i> , from the causes and on the date stated above.			
34. SIGNATURE <i>J. W. Hunter</i>		35. ADDRESS <i>Franklin St. 1000</i>	
36. DATE <i>8/16/52</i>		37. NAME OF CEMETERY OR CREMATORY <i>London Park Cemetery Balto. Md.</i>	
38. DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 15 1952</i>		39. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
40. FUNERAL DIRECTOR <i>L. S. Williams</i>		41. ADDRESS <i>7401 Belair Rd.</i>	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 7654

1. NAME OF DECEASED (Type or Print) <u>Esposito, Irene Myrtle</u>		2. DATE OF DEATH <u>August 14, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>7405 Brookwood Avenue #6</u> <u>5200</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-29-1915</u>
9. AGE (in years last birthday) <u>37</u>		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry Mice</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Jos. L. Esposito</u>		ADDRESS <u>7405 Brookwood Rd</u>	
18. <u>330X</u> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Spontaneous subarachnoid hemorrhage</u> DUE TO (A) <u>Spontaneous subarachnoid hemorrhage</u>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <u>—</u> (C) <u>—</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>—</u>			
19A. DATE OF OPERATION <u>—</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>August 13, 1952</u> , to <u>August 14, 1952</u> that I last saw the deceased alive on <u>August 14, 1952</u> and that death occurred at <u>7:35 am.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Louis A. Fritz</u>		23B. ADDRESS <u>1100 N. Caroline Street</u>	
23C. DATE SIGNED <u>August 14, 1952</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>8/18</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>		24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 15 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>	
25. FUNERAL DIRECTOR <u>Lassahn Funeral Home</u>		ADDRESS <u>7401 Belair Rd</u>	

1337

COMPTON OF NEW YORK

1337



625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 7655

BIRTH NO. 52 7655 52-18482

1. NAME OF DECEASED

(Type or Print) **BRUCE EDWARD MARKINS**

2. DATE OF DEATH

8-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSP. FOR THE WOMEN OF MARYLAND

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

MD.

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

31 HAWTHORNE RD.

5300

Length of stay in Baltimore

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

Yrs.
Mos.
Days

8. DATE OF BIRTH

8-12-52

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

44

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

PAUL AZEL MARKINS

14. MOTHER'S MAIDEN NAME

GRACE EVELYN MESSENGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

MOTHER

ADDRESS

SAME

18. 763.5

CAUSE OF DEATH

BRONCHOPNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

36 HRS

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PREMATURITY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 12, 1952, to AUG. 14, 1952, that I last saw the deceased alive on AUG. 14, 1952, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert R. Zarach

M. D.

23B. ADDRESS

Hosp. for the Women MD.

23C. DATE SIGNED

8-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 15 1952

Huntington Williams, MD.

Sara M. Edwards

F 20007652

7401 Balto

MEDICAL CERTIFICATION

1950

10

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

1100 SOUTH EAST ASIAN DRIVE

CHICAGO, ILLINOIS 60607

TEL: 773-936-5000

FAX: 773-936-5000

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7656**

455
52 7656
BIRTH NO.

1. NAME OF DECEASED (Type or Print) George A. Coleman			2. DATE OF DEATH 8/14/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4402 Wrenwood Ave			C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Balto 27-10		
D. STREET ADDRESS (If rural, give location) 4402 Wrenwood Ave			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE-MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/14/1869		9. AGE (In years last birthday) 83
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Candy	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James H. Coleman			14. MOTHER'S MAIDEN NAME Isabelle Mortimer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Richard Coleman 4402 Wrenwood Ave		

18. 148X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cancer of Throat DUE TO (B) metastases to the liver DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 52 to Aug 14 , 19 52 that I last saw the deceased alive on Aug 12, 1952 and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23. SIGNATURE Manuel Rodero		23B. ADDRESS 462 York Rd		23C. DATE SIGNED Aug 15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/17/52		24C. NAME OF CEMETERY OR CREMATORY Balto.	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR Huntington Williams, 1217 St. Paul St.		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952		REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS			

MEDICAL CERTIFICATION

14560007653

7558

2

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

121

1912

[Faint, illegible text and markings on a lined form, likely a death certificate. The text is mirrored and difficult to decipher.]

532
2 7657
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

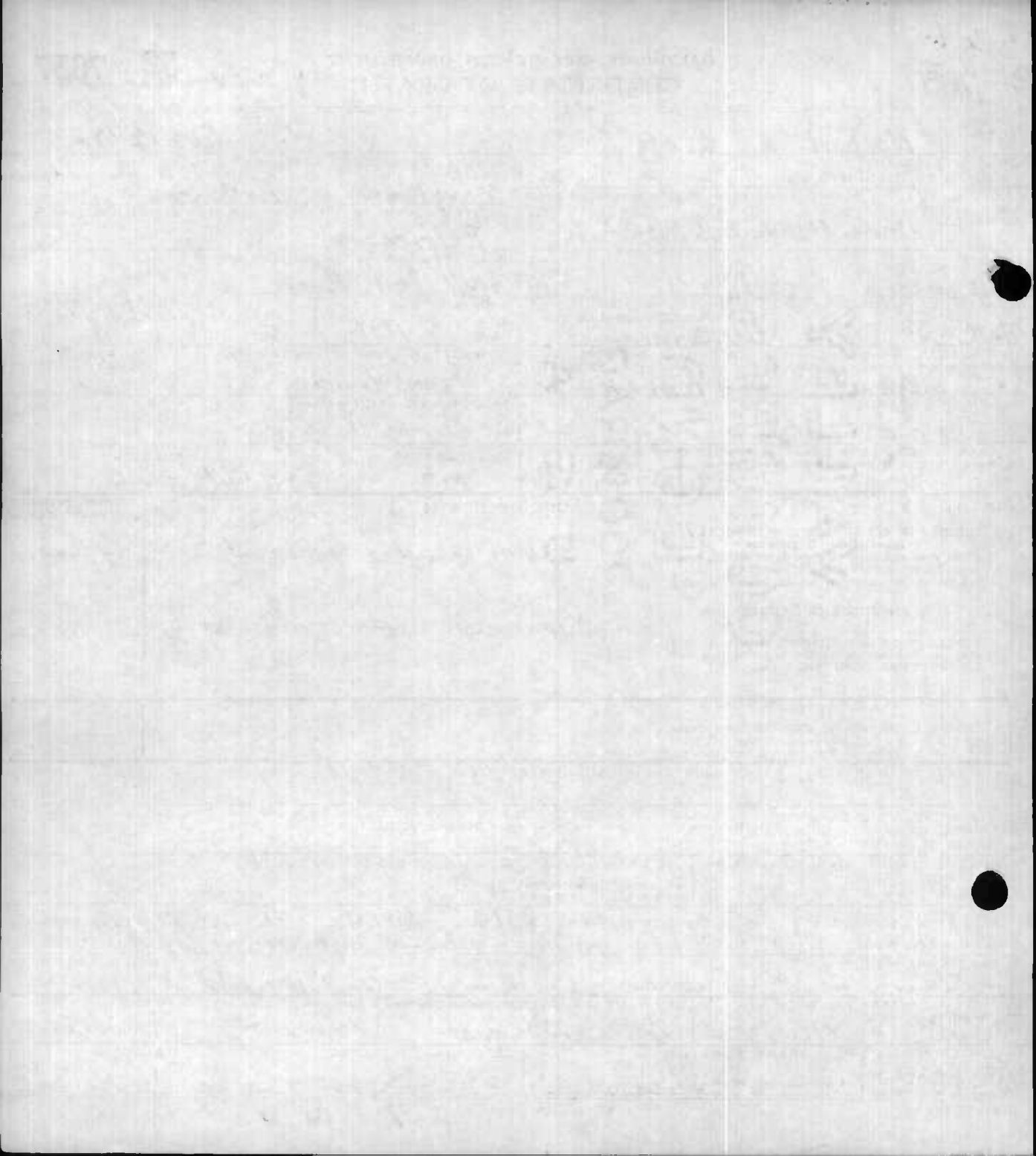
Registered No. 52 7657

1. NAME OF DECEASED (Type or Print) Norbert L. Lentz			2. DATE OF DEATH Aug 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland -			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Many			D. STREET ADDRESS (If rural, give location) 6107 Falls Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 23, 1896	9. AGE (In years last birthday) 56	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Embalmer			11. BIRTHPLACE (State or foreign country) Pennsylvania		
10B. KIND OF BUSINESS OR INDUSTRY Book Funeral Director			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John E. Lentz			14. MOTHER'S MAIDEN NAME Emma K. Lentz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-01-3348	17. INFORMANT wife ADDRESS 6107 Falls Road		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident DUE TO (A) Cerebral vascular accident (B) Hypertensive cardiovascular disease DUE TO (C) Hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH 24 hours
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8/13		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/13 , 19 52 , to 8/14 , 19 52 , that I last saw the deceased alive on 8/13 , 19 52 , and that death occurred at 2:02 m., from the causes and on the date stated above.					
23A. SIGNATURE Georgia Reynolds		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 8/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/16/52		24C. NAME OF CEMETERY Poplar Grove	
24D. LOCATION (City, town, or county) Harren, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952			
24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook & Sons, 1217 So. Paul St.			

1 5 2084 8F7 6 5 4



620
7658

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

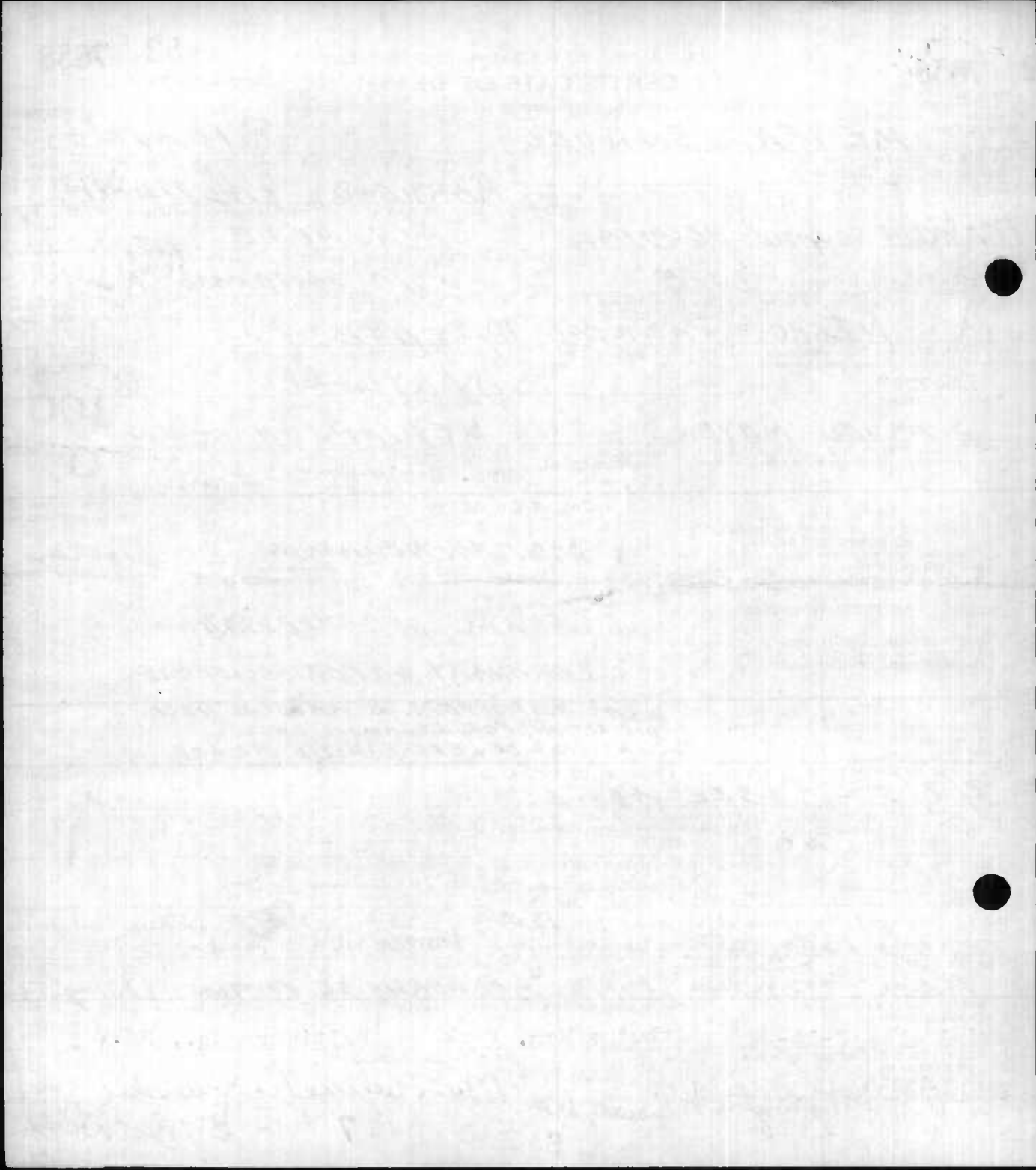
52 7658

Registered No.

1. NAME OF DECEASED (Type or Print) MEYERS, SAMUEL		2. DATE OF DEATH 13 AUG '52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 5300	
Length of stay in Baltimore LIFE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 6310 SOUTHWOOD RD.	
5. SEX M	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH 10/25/1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 82
13. FATHER'S NAME SAMUEL MEYERS		14. MOTHER'S MAIDEN NAME MERIAH UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	
17. INFORMANT Mrs. Mamie Myers		ADDRESS 6310 Southwood Road	
18. 142.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) BRONCHOPNEUMONIA DUE TO (B) CARDIAC DECOMPENSATION DUE TO (C) CORONARY ARTERIOSCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH 6 days. 2
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 6 DAY POST-OPERATIVE RADICAL NECK DISSECTION FOR SQUAMOUS CELL CARCINOMA OF LEFT PAROTID GLAND.			
19A. DATE OF OPERATION 8/7/52		19B. MAJOR FINDINGS OF OPERATION SEE ABOVE	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 13 Aug , 19 52 , to 13 AUG , 19 52 , that I last saw the deceased alive on 13 Aug , 19 52 , and that death occurred at 3:50 PM , from the causes and on the date stated above.			
23A. SIGNATURE Dean W. Davis, M.D.		23B. ADDRESS 60 FRANKLIN SQ. HOSPITAL	
23C. DATE SIGNED 13 Aug '52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-16-52	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		FUNERAL DIRECTOR Mr. T. J. ...	
		ADDRESS 578 W. Biddle St.	

MEDICAL CERTIFICATION

1952000765578 W. Biddle St



630
2 7659BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7659

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Charles Garrett</i>		2. DATE OF DEATH <i>Aug 13, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Stal 25</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>421 Schwartz Ave 5300</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-3-1895</i>	9. AGE (In years last birthday) <i>57</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <i>James Garrett</i>		14. MOTHER'S MAIDEN NAME <i>Sophie Reynolds</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-30</i> , 19 <i>52</i> , to <i>8-13</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8-13</i> , 19 <i>52</i> , and that death occurred at <i>11:25 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Lucas J. Ryan</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug. 14-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbiter's Mausoleum</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Co Md</i>		25. FUNERAL DIRECTOR <i>Holland Funeral Home</i>		ADDRESS <i>1631 Grand Rapids Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

1929

23

STATEMENT OF DEATH

1929

NAME

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 7660**

416
52 7660
BIRTH NO.

1. NAME OF DECEASED (Type or Print) (Rev.) John T. Colbert		2. DATE OF DEATH Aug. 14, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE Maryland b. COUNTY Salisbury	
b. FULL NAME OF (If not in hospital or institution, give street address or location) 829 K. Fremont Ave.		c. CITY OR TOWN Salisbury (If outside corporate limits, write RURAL and give township) 7-03	
c. Length of stay in Baltimore 35 1/2 yrs.		d. STREET ADDRESS (If rural, give location) 829 K. Fremont Ave.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman		10b. KIND OF BUSINESS OR INDUSTRY Ministry	
13. FATHER'S NAME John Colbert		11. BIRTH PLACE (State or foreign country) Canastota, S.C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Mr. Clara Mae Colbert	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		14. MOTHER'S MAIDEN NAME Rancy W. Howell	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 8/14/52	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arteriosclerosis			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) none			

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8/14/52**, 19__, to __, 19__, that I last saw the deceased alive on **8/14/52**, 19__, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE H. W. Holcomb	23B. ADDRESS 1131 Harlem Avenue	23C. DATE SIGNED 8/15/52
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Aug. 17, 1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk. Salb. Co. Md.	24D. LOCATION (City, town, or county) (State) Salisbury
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952		REGISTRAR'S SIGNATURE Huntington Williams	
GENERAL DIRECTOR'S SIGNATURE Wm. S. Squire		ADDRESS 8 Squire Hill Ave.	

1098W

<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">416</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 5px;">52 7661</div>		<div style="font-weight: bold; margin-bottom: 5px;">BALTIMORE CITY HEALTH DEPARTMENT</div> <div style="font-weight: bold; margin-bottom: 5px;">CERTIFICATE OF DEATH</div>		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 5px;">52 7661</div> <div style="font-weight: bold; margin-bottom: 5px;">Registered No.</div>	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <u>Selene Oliver</u>				2. DATE OF DEATH <u>8-14-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore <u>UNKNOWN</u>				D. STREET ADDRESS (If rural, give location) <u>2532 FRANCIS ST.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>NEGRO</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>UNKNOWN</u>	9. AGE (in years last birthday) <u>59</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME _____				14. MOTHER'S MAIDEN NAME _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Selene Oliver</u>	
18. <u>434.1</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Acute Heart Failure</u> DUE TO ANTECEDENT CAUSES <u>Congestive Heart Failure</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr 55 min</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-14-</u> , 19 <u>52</u> , to <u>8-14-</u> , 19 <u>52</u> that I last saw the deceased alive on <u>8-14-</u> , 19 <u>52</u> , and that death occurred at <u>8:55 AM.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>A. T. Edwards</u>		23B. ADDRESS <u>Provident Hospital</u>		23C. DATE SIGNED <u>8-14-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Aug 17-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Auburn</u>	
24D. LOCATION (City, town, or county) <u>Baltimore City</u>		25. FUNERAL DIRECTOR <u>Holland Funeral Home</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 15 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		ADDRESS <u>1631 1st St N.W.</u>	

MA.- 0682

520
7662BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHDr. Lawrence
52 7662
Registered No.

BIRTH NO.		2. DATE OF DEATH Aug. 13, 1952	
1. NAME OF DECEASED (Type or Print) Rebecca Hillis Jones		2. DATE OF DEATH Aug. 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		7. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1745 Druid Hill Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1745 Druid Hill Ave.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 25, 1871
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	
13. FATHER'S NAME William Hillis		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Edward Jones		18. 1116 State St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Accident (A) DUE TO	CAUSE OF DEATH Cerebral Accident Hypertensive C. V. D. (B) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE C. M. Lawrence	23B. ADDRESS 1033 W. Lawrence St.	23C. DATE SIGNED 8-15-52
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Aug 16, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Ind.
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Halland Funeral Home	ADDRESS 1631 Druid Hill Ave

520 0007658

642
52 7663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7663
Registered No.

1. NAME OF DECEASED (Type or Print) BERTHA GRALESKI		2. DATE OF DEATH Aug 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1211 Cooksie St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 24-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1211 Cooksie St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Jan. 7, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 55 If Under 1 Year: Months: 7 Days: 5 If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Kotowski		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-16-4746	
17. INFORMANT Raymond Galeski		ADDRESS 1211 Cooksie St.	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Tuberculosis DUE TO (B) Chronic valvular heart disease. (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH ? ?
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/26/ , 19 52 to 8/12/ , 19 52 that I last saw the deceased alive on 8/11/ , 19 52 and that death occurred at 10 Pm. , from the causes and on the date stated above.			
23A. SIGNATURE Harry Deile		23B. ADDRESS 1226 Hanover St.	
23C. DATE SIGNED 8/13/52.			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Aug 16, 1952	24C. NAME OF CEMETERY OR CREMATORY Valley Cross	24D. LOCATION (City, town, or county) (State) Balto. Md.
25. FUNERAL DIRECTOR, ADDRESS Chas. F. Hill 1501 E. Fort Ave.		DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952	
REGISTRAR'S SIGNATURE Hurlington Williams, M.D.			

MEDICAL CERTIFICATION

1960

18

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

DATE OF BIRTH

PLACE OF BIRTH

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

315
2664

48-08201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

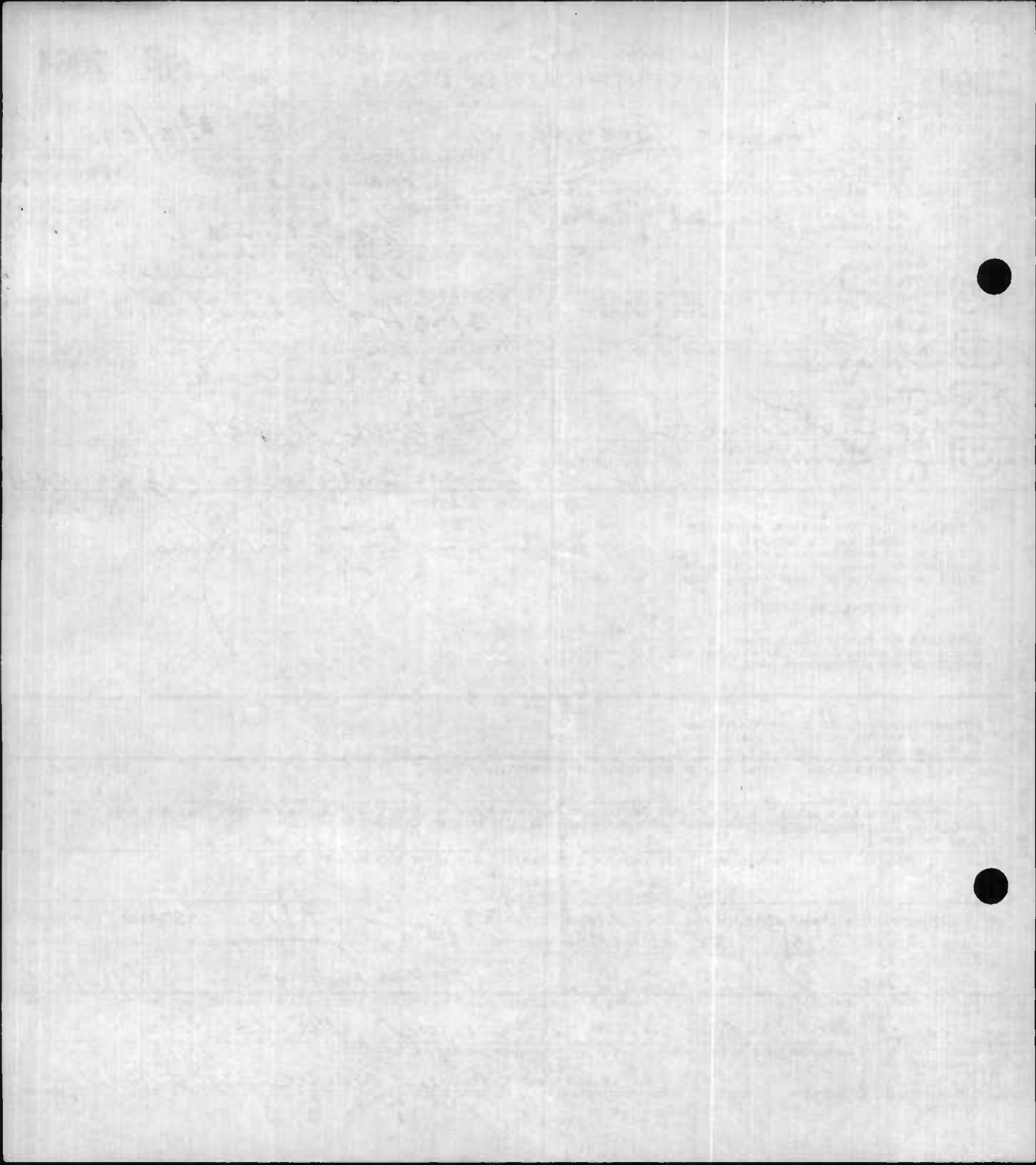
Registered No. 52 7664

1. NAME OF DECEASED (Type or Print) Thomas Stefanski		2. DATE OF DEATH 8/13/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sinai Hospital of Balto		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-10	
C. Length of stay in Baltimore 4 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 264 S. Boulder St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 3/23/48
9. AGE (In years last birthday) 4		10. Under 1 Year Months: Days: Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas C. Stefanski		14. MOTHER'S MAIDEN NAME Thelma Dasch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. Thomas C Stefanski	
17. INFORMANT Thomas C Stefanski		ADDRESS 264 S. Boulder St.	
18. 204.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute Lymphocytic Leukemia		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 7/27		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/27 , 19 52 to 8/13 , 19 52 that I last saw the deceased alive on 8/13 , 19 52 and that death occurred at 8:24 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Horace W. Bernson		23B. ADDRESS Sinai Hosp.	
23C. DATE SIGNED 8/13/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Aug 16-52	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Wolfe & Moran		ADDRESS 3000 E. Balto	

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7665

1. NAME OF DECEASED (Type or Print) <i>Lillian Irene Wright</i>		2. DATE OF DEATH <i>Aug 13, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-10</i>	
C. Length of stay in Baltimore <i>31 years</i>		D. STREET ADDRESS (If rural, give location) <i>737 Springfield #12</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Aug 4 1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at P. Tee Co</i>	9. AGE (in years last birthday) <i>59</i>
11. BIRTHPLACE (State or foreign country) <i>No. Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>JONUNIS S. Wright</i>		14. MOTHER'S MAIDEN NAME <i>Linda Strickland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>(If yes, give war or dates of service)</i>		16. SOCIAL SECURITY NO. <i>316-01-4863</i>	
		17. INFORMANT <i>Hosp. records</i>	
		ADDRESS	

18. <i>292.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Aplastic anemia</i> CAUSE OF DEATH (A) <i>Aplastic anemia</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1 mo. +</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>7-29-52</i>	
19B. MAJOR FINDINGS OF OPERATION <i>Hypoplasia of marrow</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <i>July 1952</i> , to <i>Aug 13, 1952</i> that I last saw the deceased alive on <i>Aug 13, 1952</i> and that death occurred at <i>9:31 am.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Augustine L. Tourrel</i>	23B. ADDRESS <i>Mercy Hosp</i>	23C. DATE SIGNED <i>8/13/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug 16-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Memorial PK</i>
24D. LOCATION (City, town, or county) <i>City</i>	25. FUNERAL DIRECTOR <i>John A. Moran 3000 E. Balto St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7666

1. NAME OF DECEASED (Type or Print) <i>Mathew J. Jackman</i>			2. DATE OF DEATH <i>Aug. 14 1952</i>		
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>			4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) A. STATE <i>Me.</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hosp.</i>			6. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
7. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			8. STREET ADDRESS (If rural, give location) <i>1206 Argonne Drive</i>		
9. SEX <i>M.</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE MARRIED, WIDOWED DIVORCED (Specify) <i>WIDOWED</i>	12. DATE OF BIRTH <i>Sept. 11 1896</i>	13. AGE (In years last birthday) <i>25</i>	14. Under 1 Year Months: Days 15. Under 24 Hours Hours: Min.
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			17. BIRTHPLACE (State or foreign country) <i>Conn.</i>		
18. KIND OF BUSINESS OR INDUSTRY			19. CITIZEN OF WHAT COUNTRY? <i>American</i>		
20. FATHER'S NAME <i>Julius Jackman</i>			21. MOTHER'S MAIDEN NAME <i>Rosa Donoghue</i>		
22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			23. SOCIAL SECURITY NO.		
24. INFORMANT			25. ADDRESS		

18. <i>420.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
(A) <i>Myocardial infarction, diffuse</i>		DUE TO <i>myocardial failure</i>	
(B) <i>Adhesive pericarditis</i>		DUE TO	
(C) <i>Pulmonary infarction, old</i>			
<i>Arteriosclerosis or atherosclerosis</i>			

19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 14</i> , 1952, to <i>Aug. 14</i> , 1952, that I last saw the deceased alive on <i>Aug. 14</i> , 1952, and that death occurred at <i>10:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Lucy-Jane Lee</i> M.O.		23B. ADDRESS <i>Me. General Hosp.</i>		23C. DATE SIGNED <i>Aug. 14 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>8/18/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Beth. Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>John A. Moran - 3000 E. Balto. St.</i>			
DATE RECEIVED BY <i>AUG 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>195</i>	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7667**

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1. NAME OF DECEASED (Type or Print) ARTHUR ARICK		2. DATE OF DEATH August 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 10-01	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1237 N. Central Avenue		E. LENGTH OF STAY IN BALTIMORE 94 Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-18-1912
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY A.P. WAREHOUSE	9. AGE (In years last birthday) 40
11. BIRTHPLACE (State or foreign country) Calhoun County S. C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOHN ARICK		14. MOTHER'S MAIDEN NAME LILLIE BUSHKIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT WILLIE ARICK		ADDRESS Phila., PA.	

1B. E816.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushed chest DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Franklintown Road and Franklin Street	
21D. TIME (Month) (Day) (Year) (Hour) 8/14/52 9:00 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? over on top of auto Crushed by trailer truck which turned	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Aug. 14, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE 8-16-52		24C. NAME OF CEMETERY OR CREMATORY LONESTAR, S. C.	
24D. LOCATION (City, town, or county) (State) 1304 N. Central		25. FUNERAL DIRECTOR Joseph B. Lock, Jr.			

DATE RECEIVED BY LOCAL REGISTRAR **AUG 15 1952** REGISTRAR'S SIGNATURE *Huntington Williams* ADDRESS **1304 N. Central**

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7668

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Eliza Smith</i>		2. DATE OF DEATH <i>August 14, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i> <i>15-02</i>			
C. Length of stay in Baltimore <i>9 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1625 Pulaski Street</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>2/15/1909</i>	9. AGE (in years last birthday) <i>43</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic at Home</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Sumter, S.C.</i>	
13. FATHER'S NAME <i>Badson Smith</i>		14. MOTHER'S MAIDEN NAME <i>Kattie Lewis</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

MEDICAL CERTIFICATION

18. <i>446 x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>I</i> <i>Chemic state</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> <i>Calculus - right kidney</i>		<i>not known</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>not known</i>

19A. DATE OF OPERATION <i>7/20/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 20, 1952</i> to <i>Aug. 14, 1952</i> that I last saw the deceased alive on <i>Aug 14, 1952</i> , and that death occurred at <i>1:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard C. Packert</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>Aug 14, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>8/17/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Luke</i>	
				24D. LOCATION (City, town, or county) (State) <i>Sumter, S.C.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Eugene Waters - 66 W. Barre St.</i>	
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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Registrar

Signature of Physician

Signature of Coroner

Signature of Burial Officer

Signature of Minister of Religion

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Interment

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

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Signature of Burial

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7669**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ISAAC WILLIAM BAYNE			2. DATE OF DEATH August 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson		
D. STREET ADDRESS (If rural, give location) 8650 Oakleigh Road			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH JAN. 7, 1897		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRANE OPERATOR			10B. KIND OF BUSINESS OR INDUSTRY GRAVEL PIT		11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME JOSEPH BAYNE			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. WHITEFORD - TOWSON, MD.		

18. E912.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture DUE TO (A) Skull fracture (B) (C) DUE TO (B) (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Providence Road near Valley Road 5300
21D. TIME (Month) (Day) (Year) (Hour) 8/13/52 7:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck on head by falling loading ramp
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William Upchurch</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Aug. 14, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE AUG. 18, 1952	24C. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL PARK	24D. LOCATION (City, town, or county) (State) PARKVILLE, MD.
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DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS JOHN BURNS' SONS, TOWSON, MD.
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MEDICAL CERTIFICATION

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52 7670
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7670

1. NAME OF DECEASED (Type or Print) LILLIAN E. WEST			2. DATE OF DEATH 8/12/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION PINE RIDGE NURSING HOME			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5823 BENTON HEIGHTS AVENUE		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6/1/04	9. AGE (In years last birthday) 48	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10B. KIND OF BUSINESS OR INDUSTRY BLUE BELL LAUNDRY		11. BIRTHPLACE (State or foreign country) BALTIMORE	
13. FATHER'S NAME FRANK FERGUSON			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO.		
14. MOTHER'S MAIDEN NAME LAURA BENNETT			17. INFORMANT FAMILY - SAME		
13. FATHER'S NAME FRANK FERGUSON			ADDRESS		

18. 175X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma Lung DUE TO Carcinoma Ovary DUE TO (C)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 3 mo
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION Feb 1952	19B. MAJOR FINDINGS OF OPERATION Carcinoma Ovary	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 29**, 19**52**, to **Aug 12**, 19**52**, that I last saw the deceased alive on **Aug 11**, 19**52**, and that death occurred at **11A** m., from the causes and on the date stated above.

23A. SIGNATURE **J. S. Harding** M. D. 23B. ADDRESS **3805 Belair Rd** 23C. DATE SIGNED **Aug 15/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 8/16/52	24C. NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY	24D. LOCATION (City, town, or county) (State) BALTIMORE
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DATE RECEIVED BY LOCAL REGISTRAR **AUG 15 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **JAMES L. MCCULLY - 130 E. FORT AVENUE**

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July 27

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7671

Registered No. _____

530
52 7671-161833
BIRTH NO. 52-18702

1. NAME OF DECEASED (Type or Print) Baby Boy Smith- Mary "A"		2. DATE OF DEATH 8-7-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Maryland b. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 835 Aisquith Street-2	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 1st of triplets	8. DATE OF BIRTH August 7, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) _____ If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: 6 Min. _____
13. FATHER'S NAME Willie Smith		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Mary Wright	
16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Prematurity DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH Life
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION 8-7-52		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-7, 1952 , to 8-7, 1952 , that I last saw the deceased alive on 8-7, 1952 , and that death occurred at 1:15 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE J. S. Crozer		23b. ADDRESS 4940 Eastern Avenue		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 8-9-1952		24c. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
				24d. LOCATION (City, town, or county) (State) Baltimore 24, Maryland	

DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	
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RECEIVED BY THE SECRETARY OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

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530
2-REA-7661829
BIRTH NO. 52-18703BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7672

Registered No.

1. NAME OF DECEASED (Type or Print)		Baby Boy Smith-Mary "B"		2. DATE OF DEATH August 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 835 Aisquith Street-2			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 2nd of Triplets		8. DATE OF BIRTH Aug. 7, 1952	9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Willie Smith		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Records: B. C. H. 4940 Eastern Avenue	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Prematurity DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Life	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-7, 1952, to 8-8, 1952, that I last saw the deceased alive on 8-8, 1952, and that death occurred at 2:45A m., from the causes and on the date stated above.					
23A. SIGNATURE Rd. Clozen		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation 8-11-52		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS	

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

January 1, 1919

Washington

Dear Sir:

Very truly yours,

W. L. Rouse

Director

Enclosed for you are two copies of a report

Yours

W. L. Rouse

REPORT OF THE BUREAU OF PLANT INDUSTRY
ON THE PROGRESS OF THE WORK DURING THE YEAR
1918

Published by the Government Printing Office
Washington, D. C. 1919

Price 10 cents

For sale by the Superintendent of Documents

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1919

W. L. Rouse

Director

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7673
Registered No. _____

320
7673
161811
BIRTH NO. 52-18161

1. NAME OF DECEASED (Type or Print) Baby Girl Hodge-Berthina			2. DATE OF DEATH 8-7-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 430 N. Carey Street		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 6, 1952		9. AGE (in years, last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Levi Cheesehorse			14. MOTHER'S MAIDEN NAME Berthina Hodge		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue		

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) PREMATURITY		CAUSE OF DEATH Prematurity	INTERVAL BETWEEN ONSET AND DEATH Life
DUE TO			
DUE TO			
DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-6-52 , to 8-7-52 , that I last saw the deceased alive on 8-7-52 , and that death occurred at 4:30P m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremation		24B. DATE 8-9-1952		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) (State) Baltimore 24, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1952			
24F. REGISTRAR'S SIGNATURE <i>[Signature]</i>		24G. FUNERAL DIRECTOR ADDRESS			

25 7873

RECEIVED THE UNITED STATES DEPARTMENT OF COMMERCE

NO-10811

TO THE DIRECTOR, BUREAU OF COMMERCE

FROM THE DIRECTOR, BUREAU OF COMMERCE

DATE: 1918

RE: 10-10811

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 7674

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Butler-Mildred

2. DATE
OF
DEATH

8-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN
Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1003 N. Somerset Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Aug. 6, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mack Butler

14. MOTHER'S MAIDEN NAME

Mildred Moses

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6-52, to 8-7-52, that I last saw the
deceased alive on 8-7-52, and that death occurred at 10:PM m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Rogers

M. O.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

8-11-1952

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

Baltimore 24, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

RAILROAD CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1912

RAILROAD CITY, MISSOURI

NAME

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

OCCUPATION

CAUSE OF DEATH

DATE OF BIRTH

SIGNATURE OF PHYSICIAN

1912

101

RAILROAD CITY, MISSOURI

DECEASED

DATE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7675**

BIRTH NO. 52 7675		1. NAME OF DECEASED (Type or Print) JAMES A. JONES		2. DATE OF DEATH Aug. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY 27-18			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4909 Litchfield Ave.		C. CITY OR TOWN (If outside corporate limits, write full U.S.A.L. and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4909 Litchfield Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 20, 1876		9. AGE (In years, last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman(rtd)		10B. KIND OF BUSINESS OR INDUSTRY Balto. City		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Leolian Archibald Jones			14. MOTHER'S MAIDEN NAME Mary A. Willing		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. 212-12-1617		17. INFORMANT ADDRESS Mrs. James A. Jones - 4909 Litchfield Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Cornary Thrombosis DUE TO Arteriosclerosis C.V. Disease (B) none DUE TO (C) none		INTERVAL BETWEEN ONSET AND DEATH 1 day 5 years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 23 , 19 47 , to Aug 14 , 19 52 , that I last saw the deceased alive on Aug 14 , 19 52 , and that death occurred at 11 A m., from the causes and on the date stated above.					
23A. SIGNATURE Harold Levin		23B. ADDRESS 4818 Reisterstown Rd		23C. DATE SIGNED Aug 14, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/18/52		24C. NAME OF CEMETERY OR CREMATORY Lowdon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. FUNERAL DIRECTOR Huntington Williams, 1472 Km. J. Sicker & Sons - Balto., Md.		24F. ADDRESS 1472 Km. J. Sicker & Sons - Balto., Md.	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7676**

550
52 7676

1. NAME OF DECEASED (Type or Print) ALBERT G. LEHMANN		2. DATE OF DEATH Aug. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 27-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4105 Overlea Ave.		C. CITY OR TOWN (If outside corporate limits, write FULL NAME and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4105 Overlea Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 2, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Circulation Dept.		10B. KIND OF BUSINESS OR INDUSTRY Newspaper	9. AGE (In years last birthday) 59 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John F. Lehmann		14. MOTHER'S MAIDEN NAME Marie -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Emma S. Lehmann-4105 Overlea Ave.	

MEDICAL CERTIFICATION

18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tumor of Brain (9 lines)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Aug 7th, 1952** to **Aug 14th, 1952**, that I last saw the deceased alive on **Aug 14th, 1952**, and that death occurred at **7:30 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE Edgar A. Becker	23B. ADDRESS 1 W. Overlea Ave.	23C. DATE SIGNED 8/15/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/18/52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Tishner & Sons	ADDRESS 3907 Mt. 67 Balto 17, Md.
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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

OFFICE OF THE CHIEF, BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF AGRICULTURE

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UNITED STATES DEPARTMENT OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

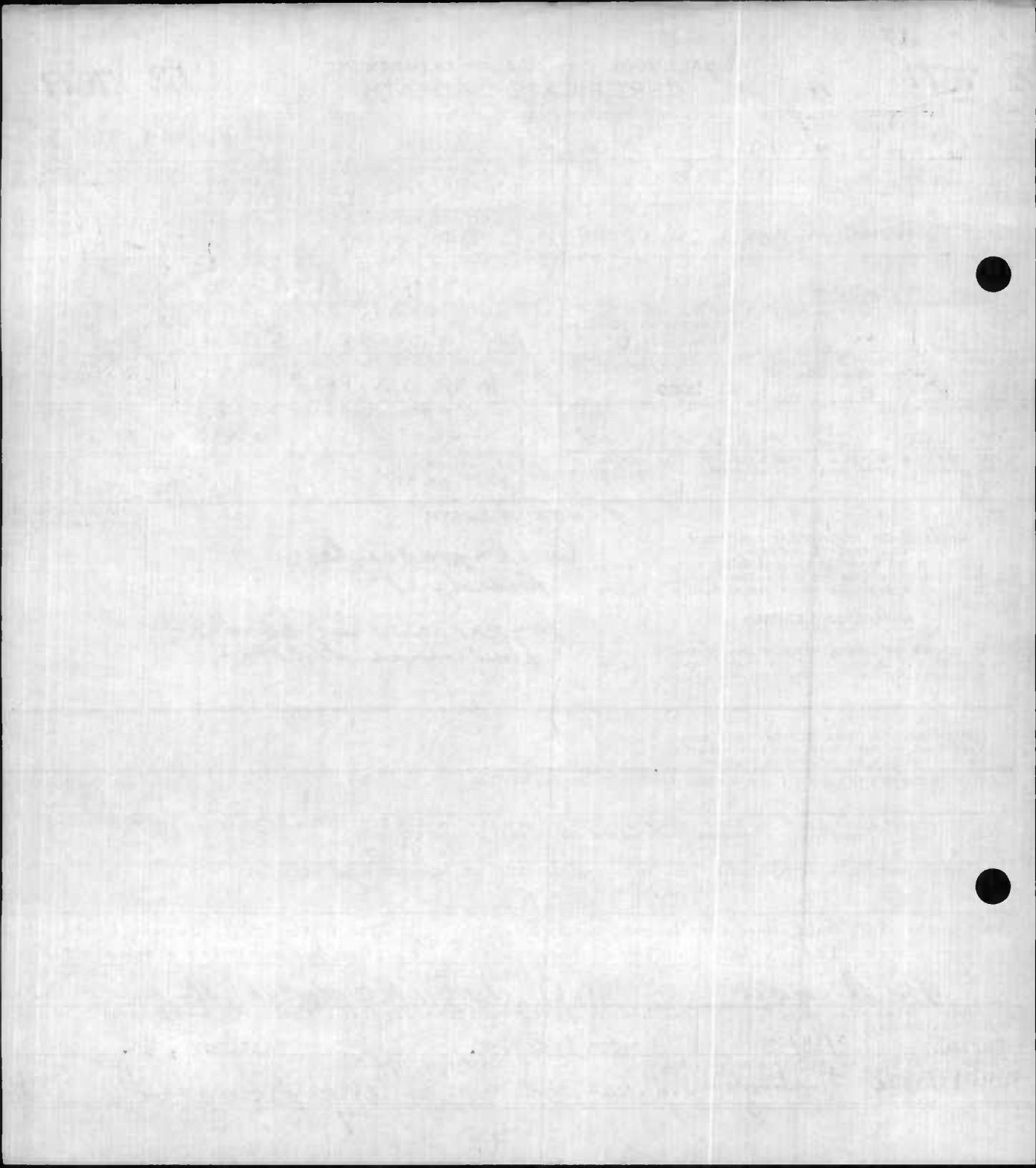
Registered No. **52 7677**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HELEN WADE BOYD			2. DATE OF DEATH AUG. 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE		
C. Length of stay in Baltimore 57 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4204 GREENWAY		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 8, 1895	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME WILLIAM H. WADE			14. MOTHER'S MAIDEN NAME LOUISE PEERING		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT HUSBAND			ADDRESS 4202 GREENWAY		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Cerebrovascular		
DUE TO Accident.		
(B) Hypertensive cardio-vascular disease		
DUE TO		
(C)		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from AUG. 14, 1952 to AUG. 14, 1952 , that I last saw the deceased alive on AUG. 14, 1952 and that death occurred at 8:40 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Ph. Dugan		23B. ADDRESS UNION MEMORIAL HOSP.		23C. DATE SIGNED AUG. 14, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/18/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
DATE RECEIVED BY AUG 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons - Balt 17, Md.	
				24D. LOCATION (City, town, county) (State) Baltimore, Md.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7678**

52 7678

1. NAME OF DECEASED (Type or Print) DANIEL J. Webb		2. DATE OF DEATH 8/14/52	
3. PLACE OF DEATH Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Baltimore B. COUNTY md	
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		6. CITY OR TOWN City	
7. Length of stay in Baltimore		8. STREET ADDRESS (If rural, give location) 721 Harlem ave	
9. SEX M	10. COLOR OR RACE C	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	12. DATE OF BIRTH 7/30/13
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		14. AGE (In years last birthday) 39	
15. FATHER'S NAME Jefferson Webb		16. BIRTHPLACE (State or foreign country) Baltimore Md	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 11		18. CITIZEN OF WHAT COUNTRY? U. S. A	
19. SOCIAL SECURITY NO.		20. MOTHER'S MAIDEN NAME Maggie Robinson	
21. INFORMANT Archie Webb		22. ADDRESS 721 Harlem ave	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 592x		24. CAUSE OF DEATH Uremia & Pulmonary Edema	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Glomerulonephritis		26. INTERVAL BETWEEN ONSET AND DEATH	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
28. DATE OF OPERATION 2		29. MAJOR FINDINGS OF OPERATION	
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
32. TIME (Month) (Day) (Year) (Hour) INJURY		33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		35. HOW DID INJURY OCCUR?	
36. I hereby certify that I attended the deceased from 8-11 , 19 52 , to 8-14 , 19 52 , that I last saw the deceased alive on 8/14 , 19 52 , and that death occurred at 7:30 pm. , from the causes and on the date stated above.			
37. SIGNATURE Ray Puyor		38. ADDRESS Univ. Hospital	
39. DATE SIGNED 8/15/52			
40. BURIAL, CREMATION, REMOVAL (Specify) Burial		41. DATE 8/19/52	
42. NAME OF CEMETERY OR CREMATORY Int Cemetery		43. LOCATION (City, town, or county) (State) Baths, Md	
44. DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1952		45. REGISTRAR'S SIGNATURE Huntington Williams	
46. FUNERAL DIRECTOR W. J. Williams		47. ADDRESS W. J. Williams	

97099

MEDICAL CERTIFICATION

200
52 7679
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7679
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John W. Ross</i>			2. DATE OF DEATH <i>AUG 14 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>7-04</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City</i>		
c. Length of stay in Baltimore <i>14</i> Yrs. <i>14</i> Mos. <i>14</i> Days			D. STREET ADDRESS (If rural, give location) <i>1922 Ashland Ave.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>8-7-97</i>	9. AGE (In years last birthday) <i>5-5-</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cran generator</i>			11. BIRTHPLACE (State or foreign country) <i>Dorchester Co. Md U S A</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME <i>Susan Ross</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>2-3-07-1585</i>		
17. INFORMANT			ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>237x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Posterior Fossa Hemorrhage</i> DUE TO (B) <i>Exploratory Craniotomy</i> DUE TO (C) <i>Cerebellar Tumor</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-25-*, 1952, to *8-14-*, 1952, that I last saw the deceased alive on *8-14-*, 1952, and that death occurred at *3:30 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Geo. Tidwell</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>14 Aug 52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/17/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Old Field Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Dorchester Co. Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 16 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Robert Williams</i>	ADDRESS <i>1515 Mt. Vernon St</i>

CERTIFICATE OF DEATH

John J. Jones
Resident of
Baltimore, Maryland

Dec. 1 1879

14 days

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7680

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>T. Crane Fernandis, Sr.</i>		2. DATE OF DEATH <i>Aug. 13, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1912 Druid Hill Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>6-25-77</i>
9. AGE (In years last birthday) <i>75</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Babier</i>	11. BIRTHPLACE (State or foreign country) <i>Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Fernandis</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca Chalk</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>181X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>	CAUSE OF DEATH (A) <i>Uremia</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>4 mo</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Ureteral obstruction</i> DUE TO (C) <i>Carcinoma of bladder</i>	<i>3 mo</i> <i>6 mo</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>8/17</i> of <i>1952</i> , to <i>8/13</i> , 1952; that I last saw the deceased alive on <i>8/13</i> , 1952, and that death occurred at <i>3</i> p. m., from the causes and on the date stated above.		
23A. SIGNATURE <i>John W. Kearns</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/18/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arboretus Mem. Pk.</i>
24D. LOCATION (City, town, or county) (State) <i>Balto. Md</i>	25. FUNERAL DIRECTOR <i>Wm. I. Chatman, Jr. 1701 McCulloch St. 740 ST 7 6 7 6 Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 16 1952</i>		

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7681**

52 7681
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LESLIE N THOMAS		2. DATE OF DEATH August 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bethlehem Steel Company		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 206 W. Fayette Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married (60p)	8. DATE OF BIRTH April 18, 1921
9. AGE (In years last birthday) 31	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10a. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel	11. BIRTHPLACE (State or foreign country) Rocky Mt. N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Reverie Thomas	
14. MOTHER'S MAIDEN NAME Martha Bishop		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WWII	
16. SOCIAL SECURITY NO.		17. INFORMANT Martha Williams-Holley St Rock, Md.	

18. E916.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture Multiple fractures of extremities Avulsion of abdominal contents Bisection of body		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Industrial place		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Fairfield Yards, 1101 Key Highway	
21D. TIME (Month) (Day) (Year) (Hour) of INJURY 8/14/52 9:45 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Gas explosion on steamship	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Schmitt</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Aug. 14, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Interred		24B. DATE 8/16/1952		24C. NAME OF CEMETERY OR CREMATORY Rocky Mt.	
24D. LOCATION (City, town, or county) (State) Rocky Mt. N.C.		25. FUNERAL DIRECTOR Mrs. Kate R. Williams Schmitt		ADDRESS 322 N	

DATE RECEIVED BY LOCAL REGISTRAR **AUG 16 1952** HUNTINGTON W. HARRIS, MD. **59203A 7677**

MEDICAL CERTIFICATION

THE CLERK OF THE COURT
 OF THE DISTRICT OF COLUMBIA
 HAS THE HONOR TO CERTIFY
 THAT THE FOLLOWING IS A
 TRUE AND CORRECT COPY
 OF THE RECORDS OF THE
 COURT OF THE DISTRICT OF COLUMBIA
 FOR THE YEAR 1900
 AS THE SAME ARE KEPT IN THE
 OFFICE OF THE CLERK OF THE COURT
 OF THE DISTRICT OF COLUMBIA
 THIS 10TH DAY OF JANUARY 1901
 AT WASHINGTON, D. C.

616
2 7682BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7682
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mildred L Frebert</i>		2. DATE OF DEATH <i>Aug. 15, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>MD</i> b. COUNTY <i>Balt</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		d. STREET ADDRESS (If rural, give location) <i>Rt. 15 Box 363</i>		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days <i>5290</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-10-1911</i>	9. AGE (In years last birthday) <i>33</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pa</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>John Stevenson</i>		14. MOTHER'S MAIDEN NAME <i>Jennie Jordan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>572.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Peritonitis; post-operative</i>		CAUSE OF DEATH (A) <i>Peritonitis; post-operative</i> DUE TO (B) <i>Pseudopolypoid of colon</i> DUE TO (C) <i>Ulcerative colitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs.</i> <i>4 mths.</i> <i>6 years.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>8/9/52</i>		19b. MAJOR FINDINGS OF OPERATION <i>Pseudopolypoid of colon</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/6</i> , 19 <i>52</i> to <i>8/15</i> , 19 <i>52</i> that I last saw the deceased alive on <i>8/16</i> , 19 <i>52</i> and that death occurred at <i>11:35</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Dwight C. McLean</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>8/15/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>August 19, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Cathlamet Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore</i>		24e. LOCATION (City, town, or county) (State) <i>Estes Ave</i>		24f. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 16 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		25. FUNERAL DIRECTOR <i>Robert L. Wiley</i>	
ADDRESS <i>14622 Bel Air Rd</i>		ADDRESS <i>14622 Bel Air Rd</i>		ADDRESS <i>14622 Bel Air Rd</i>	

1885

STATE OF OHIO
DEPARTMENT OF AGRICULTURE

1885

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

Died, Exam. Case Released to Hospital		BALTIMORE CITY HEALTH DEPARTMENT		52 7683	
BIRTH NO. 7683		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) William Reed			2. DATE OF DEATH Aug 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 7-24		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2015 E. Chase St.			Length of stay in Baltimore 40 yrs		
5. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Foreman		10B. KIND OF BUSINESS OR INDUSTRY Inkline Works		8. DATE OF BIRTH 7-25-1897	
13. FATHER'S NAME George Hartman Reed		14. MOTHER'S MAIDEN NAME Rachel Ann Gardiner		9. AGE (In years last birthday) 55	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-01-8468		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
18. 022X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Rupture of aortic aneurysm		INTERVAL BETWEEN ONSET AND DEATH Instant	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cardio-vascular syphilis		Unknown	
		(C) Hypertensive vascular disease		Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY William Edwards			
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION CHIEF OR ASST. MEDICAL EXAMINER.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/14, 1952, to 8/14, 1952, that I last saw the deceased alive on 8/14, 1952, and that death occurred at 3:45 P.m., from the causes and on the date stated above.					
23A. SIGNATURE George A. Edwards		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 8-15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-17-1952		24C. NAME OF CEMETERY OR CREMATORY Mount Auburn	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
		25. FUNERAL DIRECTOR Randolph J. Collick		ADDRESS 1412 E. Preston St.	
VS 150 To See Report 8/9/52 4R 7 6 9 9					

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Date of birth: *15/01/1925*
4. Place of birth: *London, England*
5. Usual residence: *123 Main Street, London, England*
6. Date of death: *10/05/1983*
7. Time of death: *10:30 AM*
8. Cause of death: *Myocardial infarction*
9. Place of death: *Home*
10. Signature of medical officer: *[Signature]*
11. Signature of registrar: *[Signature]*
12. Signature of informant: *[Signature]*

13. Name of informant: *John Doe*
14. Address of informant: *123 Main Street, London, England*
15. Signature of informant: *[Signature]*
16. Date of completion: *10/05/1983*
17. Signature of registrar: *[Signature]*
18. Signature of medical officer: *[Signature]*
19. Signature of informant: *[Signature]*
20. Date of completion: *10/05/1983*

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7684**

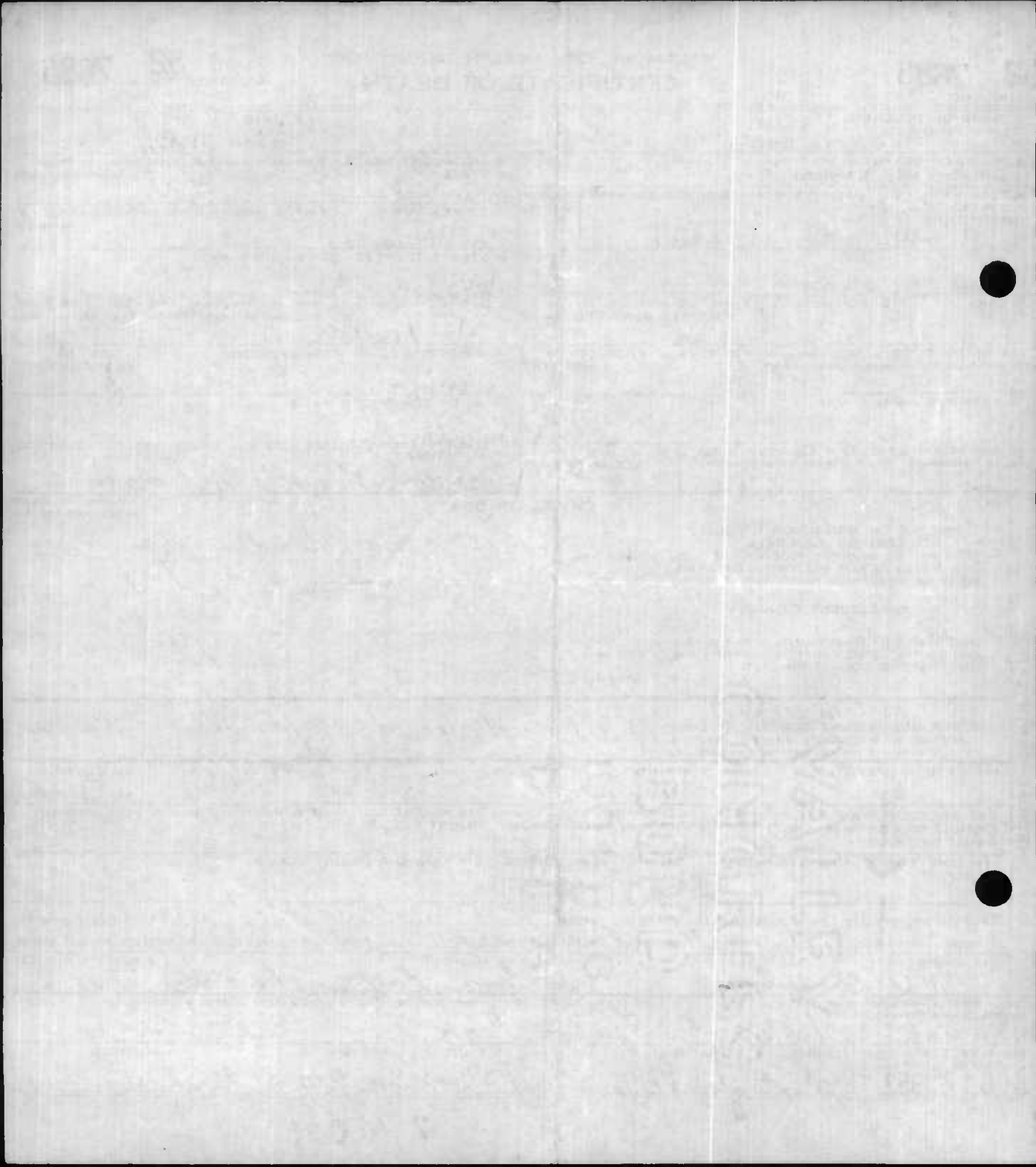
BIRTH NO.

1. NAME OF DECEASED (Type or Print) NUREDIN MORIGEN		2. DATE OF DEATH AUGUST 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
5. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME & HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE	
Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1155 E. LOMBARD STREET	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH AUGUST 26, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - RETIRED		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 71
13. FATHER'S NAME ?		11. BIRTHPLACE (State or foreign country) ALBANIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? ?	
16. SOCIAL SECURITY NO. ?		14. MOTHER'S MAIDEN NAME ?	
17. INFORMANT MICHAEL TILLES		ADDRESS 1155 E. LOMBARD ST.	

18. 154x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Generalized Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 5 Days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Perforation of Colon		5 Days?
(B) Obstruction of Rectum		?
(C) Obstruction of Colon Rectum Probable neoplastic.		?

19A. DATE OF OPERATION AUGUST 12, 1952		19B. MAJOR FINDINGS OF OPERATION GENERALIZED PERITONITIS		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/12/52 to 8/14/52 , 1952, that I last saw the deceased alive on 8/14/52 , and that death occurred at 11:52 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. Samuel A. Harris		23B. ADDRESS Church Home & Hosp.		23C. DATE SIGNED 8/15/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 8/18/52	24C. NAME OF CEMETERY OR CREMATORY St. Peters	24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR AUG 16 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Book Inc.		ADDRESS 1217 St Paul St.	

500 52 7685		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 7685	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Sherry Bowen</i>		2. DATE OF DEATH <i>8/15/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Baltimore General Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>105 Tenth Ave.</i>		5. SEX <i>Female</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
C. Length of stay in Baltimore		8. DATE OF BIRTH <i>5/20/1945</i>		9. AGE (In years last birthday) <i>7</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>William Bowen</i>		14. MOTHER'S MAIDEN NAME <i>Gertrude Helwig</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT ADDRESS <i>Records South Balto. Genl Hospital</i>	
18. 744.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Progressive muscular dystrophy</i> DUE TO (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Acute glomerulo-nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
19A. DATE OF OPERATION <i>8/18/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-11-</i> , 19 <i>52</i> , to <i>8-15-</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8-15</i> , 19 <i>52</i> , and that death occurred at <i>2:10 p m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm Conway</i>		23B. ADDRESS <i>South Baltimore Genl Hosp</i>		23C. DATE SIGNED <i>8/15/52</i>	
24A. BURIAL - CREMATION REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/18/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St</i>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 16 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		VS 150	



560
52 7686BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 52 7686

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STEUART F. KEENER

2. DATE
OF
DEATH

August 14th, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

City Hospitals

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Middle River

D. STREET ADDRESS (If rural, give location)

Keener Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 29, 1888

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

building

11. BIRTHPLACE (State or foreign country)

Balto. Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William H. Keener

14. MOTHER'S MAIDEN NAME

Mary E. Ross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
213-07-5568

17. INFORMANT

ADDRESS

Mrs. Geo. Biddison, Bowleys Quarters Rd.

18. 331X and E951.9
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

Cerebrovascular Accident

8 hrs.

DUE TO

ANTECEDENT CAUSES

(B)

Zepemia

2 days

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Homologous Serum Jaundice

1 wk

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Recent open reduction fracture femur

2 1/2 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTO
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13, 1952 to 8/14, 1952 that I last saw the
deceased alive on 8/14, 1952, and that death occurred at 8 A.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Blatt

M. D.

23B. ADDRESS

434 EASTERN Ave. East. Md

23C. DATE SIGNED

8/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Aug. 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25 FUNERAL DIRECTOR

Lassus Funeral Home

ADDRESS

7401 Belair Rd

VS 150

N 998.5 1 1 5 310 24 7 6 0 0

NOT A MEDICAL EXAMINER'S CASE

R. H. Fisher

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

420

2 7687-127672

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7687

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anthony Balaske, or Anthony Bolasky

2. DATE
OF
DEATH

7-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

Homeless - B. C. H. Infirmary

C. Length of stay in Baltimore

61 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 20, 1871

9. AGE (In years last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Balaske

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

10 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19-49, 19, to July 21, 19 52 that I last saw the deceased alive on July 21, 19 52, and that death occurred at 6.45pm from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

7-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 4 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 17 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

19520007603

MEDICAL CERTIFICATION

January 1954, New York, New York

Re: [illegible] [illegible] [illegible]

NY 100-100000-100000

NY 100-100000-100000

NY 100-100000-100000

NY 100-100000-100000

NY 100-100000-100000

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NY 100-100000-100000

52

JL-16032

7688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7688

Registered No.

1. NAME OF DECEASED (Type or Print) Mike Praniski			2. DATE OF DEATH 7-23-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12		
C. Length of stay in Baltimore 24 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) No home address- B. C. H. Infirmary		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ? ? 1890	9. AGE (In years last birthday) 62 ?	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Russia		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Toni			14. MOTHER'S MAIDEN NAME Lydia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS B. C. H. Records, 4940 Eastern Ave.		
18. 420.11 , and E 931.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Heat Prostration (A) DUE TO ANTECEDENT CAUSES (B) Coronary Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Parkinson's Disease					INTERVAL BETWEEN ONSET AND DEATH ? ? ?
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11.17-30 , 19 52 , to July 23 , 19 52 , that I last saw the deceased alive on July 23 , 19 52 , and that death occurred at 6.25 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE E. S. Rogers			23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 7-29-52
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 17 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Huntington Williams, M.D.		24H. ADDRESS		24I. DATE SIGNED AUG 4 1952	

1957 52

1957 52

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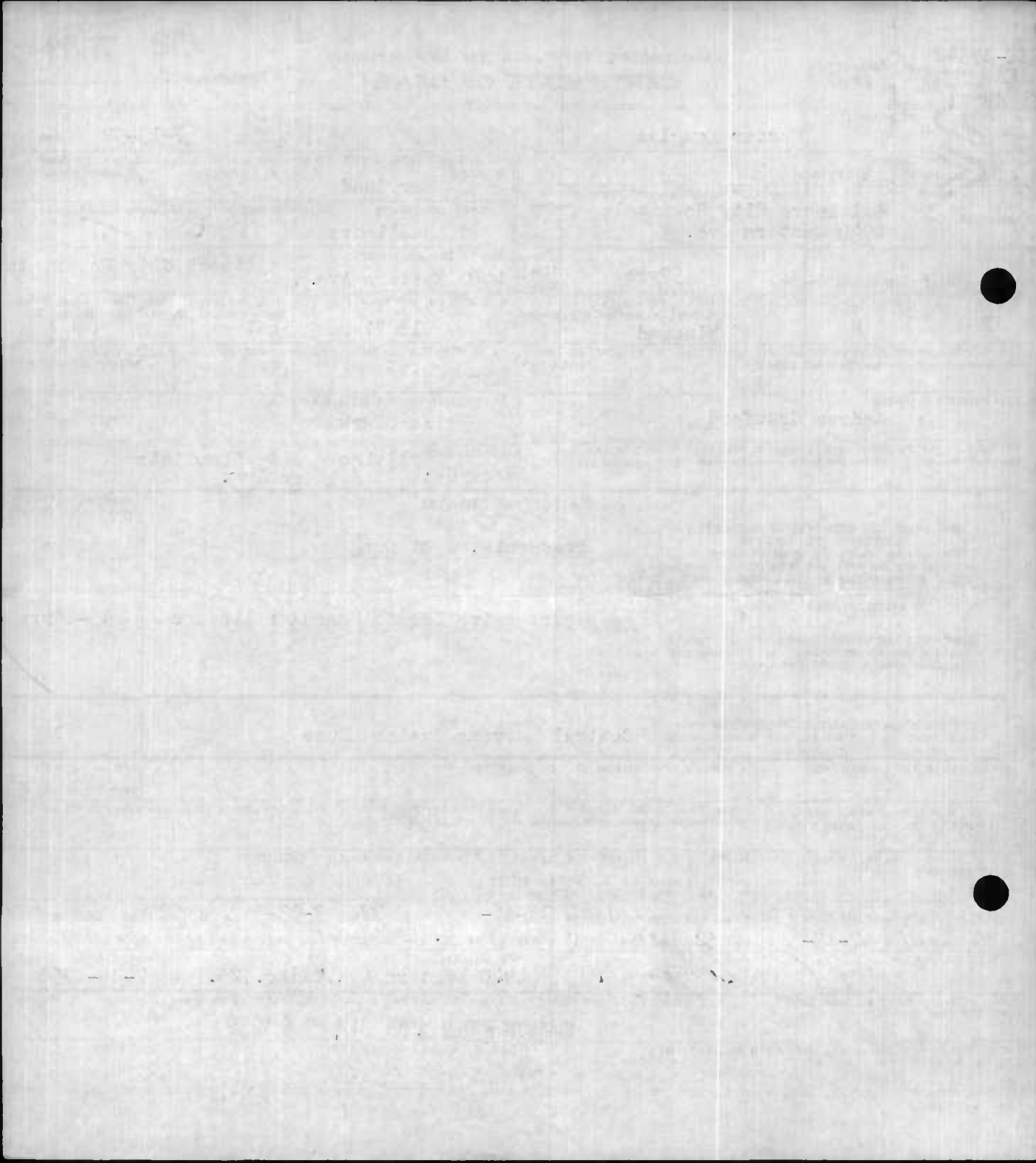
1-1

1. NAME OF DECEASED (Type or Print) Hester Douglas		2. DATE OF DEATH 7-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals 4940 Eastern Ave.		E. LENGTH OF STAY IN BALTIMORE 57yrs	
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1887?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 65?	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Andrew Crawford		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		18. MOTHER'S MAIDEN NAME Eliza Clark	

1B. 443X and 026X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia, right Lung		8days
DUE TO		
ANTECEDENT CAUSES Hypertensive Cardio Vascular Disease		15-20yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Central Nervous System Les		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-16- , 19 37 to 7-13- , 19 52 , that I last saw the deceased alive on 7-13- , 19 52 , and that death occurred at 4.45Pm. , from the causes and on the date stated above.				
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Ave, Balto., Md.		23C. DATE SIGNED 7-24-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR AUG 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7690
Registered No.

52 7690
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES B. IACONA		2. DATE OF DEATH July 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05	
6. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1613 St. Paul Street	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	10. DATE OF BIRTH U
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. BIRTHPLACE (State or foreign country) K	
13. FATHER'S NAME N O		14. MOTHER'S MAIDEN NAME O	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. N	
17. INFORMANT		ADDRESS	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hemoptysis DUE TO pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>	23C. DATE SIGNED July 11, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) AUG 7 1952

DATE RECEIVED BY LOCAL REGISTRAR 406 7 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR	ADDRESS
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195 JUL 9 9 07 6 0 0

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DEPT. OF

RECEIVED 30 SEP 1962

100

100

100

RECEIVED 30 SEP 1962

100

100

RECEIVED 30 SEP 1962



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7691
Registered No.

25
52 7691
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROBERT FITZMORRIS			2. DATE OF DEATH July 10, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes' Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-41		
length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1119 Haverhill Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH U	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) N		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME N			14. MOTHER'S MAIDEN NAME W		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

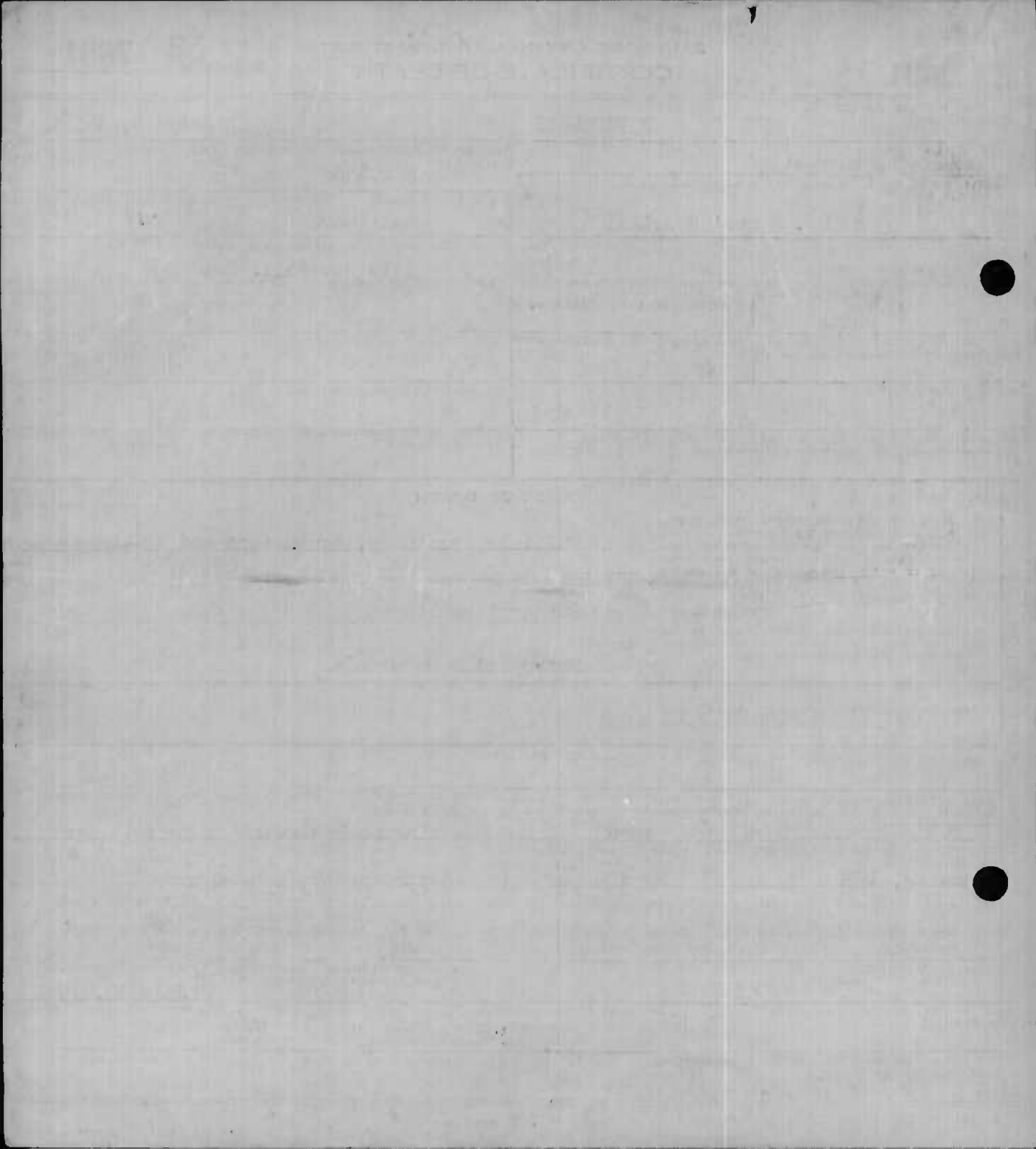
18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple fractures, contusions and abrasions DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Subdural hematoma DUE TO		
(C) Necrotizing pneumonia		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Washington Boulevard at Morrell Park		
21d. TIME (Month) (Day) (Year) (Hour) June 22, 1952	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pedestrian struck by auto		
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23a. SIGNATURE Charles S. Pety 7/19/52 M.D.		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED July 10, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	24d. LOCATION (City, town, or county) (State) AUG 7 1952	

DATE RECEIVED BY LOCAL REGISTRAR AUG 17 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS
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MEDICAL CERTIFICATION



-625

GROSSMAN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7692
Registered No.

52 7692
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE GROSSMAN

2. DATE
OF
DEATH

8-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-11

D. STREET ADDRESS (If rural, give location)

3760 Columbus Drive

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years
last birthday)

54

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Frank Walman

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Levar

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Maurice J Grossman - Home

18. 705.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)
DUE TO

Chronic Glomerular Nephritis

2 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

Lupus Erythematosus

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14-52, 19, to 8-15-52, 19, that I last saw the
deceased alive on 8-16-52, 19, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 17 1952

Huntington Williams, M.D. Jack Lewis Ave 2100 Canton Rd

1905

CERTIFICATE OF DEATH

Page 1

University of

10

Chronic Glomerulonephritis
Suppurative

1905 2-17-05

James H. Hays

1905

James H. Hays

456

52 7693

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7693

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

ANNA MARGARET SCHLIMMER

2. DATE

OF

DEATH

Aug. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

113 N. Clinton St.

113 N. Clinton Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md

26-10

D. STREET ADDRESS (If rural, give location)

113 N. Clinton Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 6, 1883

9. AGE (In years

last birthday)

69

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Julius W. Schlummer

14. MOTHER'S MAIDEN NAME

Catherine Singer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Carl Schlummer 113 N. Clinton St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute coronary occlusion

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hypertension

1 yr.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/12, 1952, to 8/14, 1952, that I last saw the deceased alive on 8/14, 1952, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

August 13, 1952

Holy Redeemer

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

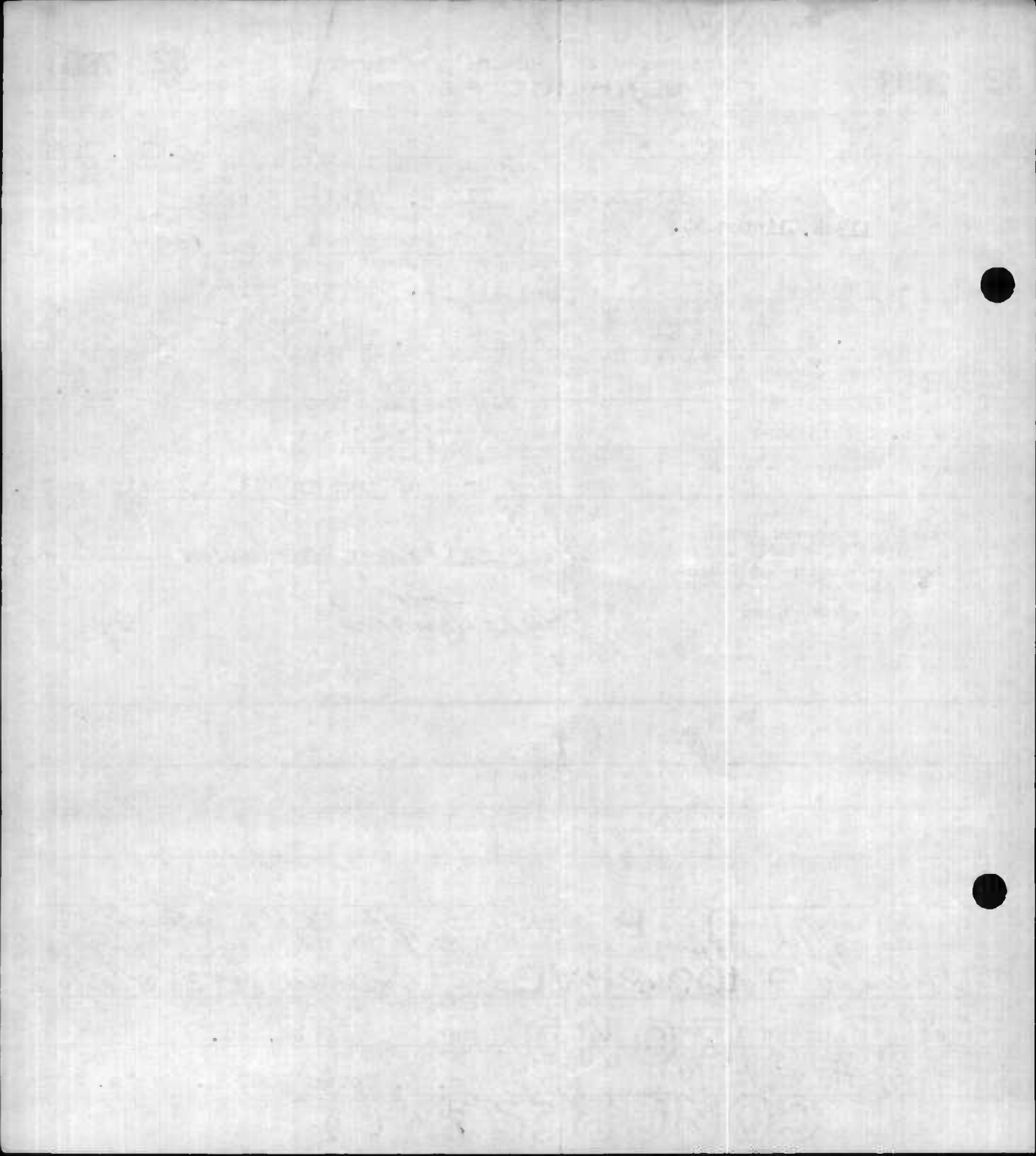
25. FUNERAL DIRECTOR

ADDRESS

AUG 17 1952

Huntington Williams, M.D.

John. A. Moran 3000 E. Balto. Street



436

52 7694
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7694
Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Bertie B. Caltrider			2. DATE OF DEATH August 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1007 W. 38th Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07		
D. STREET ADDRESS (If rural, give location) 1007 W. 38th Street			E. LENGTH OF stay in Baltimore 65 years Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 10, 1878		9. AGE (In years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Jarrett N. Rodgers			14. MOTHER'S MAIDEN NAME Margretta Wilson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT William R. Caltrider		
			ADDRESS 5614 York Road		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage(?) DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arterio-sclerotic disease DUE TO (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 11, 1952 to Aug 15, 1952 that I last saw the deceased alive on Aug 14, 1952 and that death occurred at 1 P m., from the causes and on the date stated above.

23A. SIGNATURE Wm N. McFaul		23B. ADDRESS 1800 N. Charles St		23C. DATE SIGNED 8/15/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 18, 1952		24C. NAME OF CEMETERY OR CREMATORY Pine Grove	
24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland					

DATE RECEIVED BY LOCAL REGISTRAR AUG 17 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Burgee Funeral Home	
				ADDRESS 3631 Falls Road	

CERTIFICATE OF DEATH

NO. 100-100000

DATE OF DEATH

PLACE OF DEATH

AGE AT DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

42
52 7695BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7695
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PETE KOVALCHIK

2. DATE
OF
DEATH

August 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

23-03

D. STREET ADDRESS (If rural, give location)

1608 Clarkson Street

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct - 1911

9. AGE (In years
last birthday)

40

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Floor Layer

10B. KIND OF BUSINESS OR
INDUSTRY

Harwood Floor

11. BIRTHPLACE (State or foreign country)

Dunbar Pa.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Adam Kovalchik

14. MOTHER'S MAIDEN NAME

Victoria Alexick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Thema Kovalchik Sane

18. E914.6 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia

DUE TO electrocution

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

school

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Douglas High School

15/1

21D. TIME (Month) (Day) (Year) (Hour)

August 14, 1952 4:00 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE
AT WORK ☐21F. HOW DID INJURY OCCUR? Accidentally touched
wiring behind light-control panel2. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

August 15, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/18/52

24C. NAME OF CEMETERY OR CREMATORY

Cesar Hill Cem

24D. LOCATION (City, town, or county)

Bellevue Highway

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 17 1952

Huntington Williams, M.D.

J. J. Zahay Sane 1318 Lytle

VS 151

N 992X

5 510 240 7 6 0 1

2035 55

RECEIVED IN DEATH

2035 55

RECEIVED

RECEIVED

RECEIVED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 7697

BIRTH NO.

52 769752-20208

1. NAME OF DECEASED
(Type or Print)

Baby Hinzman (Female).

2. DATE
OF
DEATH

8-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Mercy Hospital.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

F.

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/15/52

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Henry Hinzman

14. MOTHER'S MAIDEN NAME

Pauline M. Kuhn.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WM. H. HINZMAN - SAME

18. 762.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Atelectasis of right lung
Cardiac-respiratory failure

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location).

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 15 Aug, 1952 to 16 Aug, 1952 that I last saw the
deceased alive on 16 Aug, 1952 and that death occurred at 4:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1877-78

1878-79

1879-80

1880-81

1881-82

1882-83

1883-84

1884-85

1885-86

1886-87

1887-88

1888-89

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1891-92

1892-93

1893-94

1894-95

1895-96

1896-97

1897-98

1898-99

1899-00

1900-01

434

52 7698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7698

Registered No.

1. NAME OF DECEASED (Type or Print) George F. Caldwell				2. DATE OF DEATH Aug. 15, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 1109 McALEER COURT				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 10-02			
Length of stay in Baltimore 76 Yrs. 6 Mos. 19 Days				D. STREET ADDRESS (If rural, give location) 1109 McALEER CT.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 27, 1876	9. AGE (In years last birthday) 76	10. Under 1 Year Months: 6 Days: 19	11. Under 24 Hours Hours: 19 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor		10B. KIND OF BUSINESS OR INDUSTRY BALTIMORE		11. BIRTHPLACE (State or foreign country) BALTIMORE Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME GEORGE W. CALDWELL				14. MOTHER'S MAIDEN NAME MARY RYAN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Wm. Mary F. Caldwell ADDRESS 1109 McALEER CT.			
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIO-VASCULAR - Renal Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. hypertension - arteriosclerosis DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH CARDIO-VASCULAR - Renal Disease hypertension - arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH ? ?			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1952 to 15 Aug, 1952 , that I last saw the deceased alive on 15 Aug, 1952 and that death occurred at 12:55 p.m. , from the causes and on the date stated above.							
23A. SIGNATURE S. Harper				23B. ADDRESS 21 E E. Presan St		23C. DATE SIGNED 16 Aug.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-20-52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Co - Md	
DATE RECEIVED BY LOCAL REGISTRAR 7-17-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Edmund W. Conklin		ADDRESS 924 E Eager St	

MEDICAL CERTIFICATION

AUG 17 1952

520207694

CENTRE OF HEALTH

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53

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

52 7699

52 7699

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Louis Voland</i>		2. DATE OF DEATH <i>8-14-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>MD</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Luthers Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>20-04</i>	
6. LENGTH OF STAY IN BALTIMORE <i>11</i>		D. STREET ADDRESS (If rural, give location) <i>316 S. Frankfort Ave</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>April 24 1894</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>	12. KIND OF BUSINESS OR INDUSTRY <i>City of Balto</i>	13. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	14. CITIZEN OF WHAT COUNTRY? <i>USA</i>
15. FATHER'S NAME <i>Henry Voland</i>		16. MOTHER'S MAIDEN NAME <i>Marie Cook</i>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO. <i>21-07-4433</i>	
19. 151X		20. INFORMANT ADDRESS <i>Wald A. Voland 316 Frankfort Ave</i>	

18. I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Perforated Gastric Ulcer</i>			
DUE TO					
ANTECEDENT CAUSES		(B) <i>Carcinoma Stomach</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) <i>Intestinal Obstruction</i>			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>8-7-52</i>		19B. MAJOR FINDING OF OPERATION <i>Perforated Gastric Ulcer or Carcinoma</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>8-7-52</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *7-30*, 19*52* to *8-14*, 19*52* that I last saw the deceased alive on *8-14*, 19*52*, and that death occurred at *1:45 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Donald L. Dely Jr.</i>		23B. ADDRESS <i>Luthers Hosp</i>		23C. DATE SIGNED <i>8-14-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>buried</i>		24B. DATE <i>Aug 18-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md</i>		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. J. Mappert, 1500 E. Enoch Place</i>	

1952072093695

MEDICAL CERTIFICATION

1007

52

CERTIFICATE OF DEATH

1007

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456

52 7700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7700

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH DAHLWEINER

2. DATE

OF

DEATH

AUGUST 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

19-03

D. STREET ADDRESS (If rural, give location)

315 SOUTH PARRISH STREET

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

CHURCH HOME & HOSPITAL

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOME-MAKER

10B. KIND OF BUSINESS OR
INDUSTRY

—

13. FATHER'S NAME

JOSEPH EVANS

B. DATE OF BIRTH

OCTOBER 31, 1884

9. AGE (in years
last birthday)

67

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

EMILY ROLLINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

DAUGHTER

ADDRESS

MRS. ANNA FEUCHTENBERGER 408 RAMSEY ST.

18. 154x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) ADENOCARCINOMA OF RECTUM
DUE TO WITH MULTIPLE METASTASES

2 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4 - 52

19B. MAJOR FINDINGS OF OPERATION

CA. RECTUM - TRANSVERSE COLOSTOMY

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14, 1952, to 8/15, 1952, that I last saw the
deceased alive on 8/15, 1952, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Samuel A. Harris, M.D. Church Home & Hospital

23B. ADDRESS

408 Ramsey St.

23C. DATE SIGNED

8/15/52

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

8-18-52

24C. NAME OF CEMETERY OR CREMATORY

Western (Cry)

24D. LOCATION (City, town, or county) (State)

Balt Md

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. B. M. Walters

ADDRESS

Pratt & Struck

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THE UNIVERSITY OF CHICAGO
LIBRARY

1977 34

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230
52 7701

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7701
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lazzati, James Louis			2. DATE OF DEATH August 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-07		
Length of stay in Baltimore 50 years			D. STREET ADDRESS (If rural, give location) 2818 Chesley Avenue #11		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH JAN 25 1882		9. AGE (in years, last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CANDY MAKER			10B. KIND OF BUSINESS OR INDUSTRY JOHN H. DOCKMAN & SON		11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME JOSEPH LAZZATI		
14. MOTHER'S MAIDEN NAME BARBARA			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		
16. SOCIAL SECURITY NO. 22-03-3005A			17. INFORMANT JAMES LAZZATI		
18. ADDRESS 2818 CHESLEY AVE.			19. ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary insufficiency		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **August 13, 1952 to August 14, 1952** that I last saw the deceased alive on **August 14, 1952** and that death occurred at **1:20pm.**, from the causes and on the date stated above.

23A. SIGNATURE 9 m 7 Kuger	23B. ADDRESS 1400 N. Caroline Street	23C. DATE SIGNED Aug. 14, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE AUG 15 1952	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM	24D. LOCATION (City, town, or county) (State) 4430 BELAIR RD MD
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DATE RECEIVED BY LOCAL REGISTRAR AUG 17 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR 1800 E LOMBARD ST	ADDRESS
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AUG 17 1952
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MEDICAL CERTIFICATION

100

100

100

140

BIRTH NO. 52 7702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7702

1. NAME OF DECEASED (Type or Print) <i>Lawrence Appel</i>		2. DATE OF DEATH <i>8/15/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St. Joseph Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-09</i>	
D. STREET ADDRESS (If rural, give location) <i>3711 Fair Ave.</i>		E. LENGTH OF STAY IN BALTIMORE <i>Life</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1-8-89</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Real Estate</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	9. AGE (in years last birthday) <i>63</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Louis</i>		14. MOTHER'S MAIDEN NAME <i>Mary Schaub</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Katherine Appel</i>		ADDRESS <i>same</i>	

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Vascular accident</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension</i>		
DUE TO		
(C) <i>Diabetes</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE <i>J. M. Krager</i>		23B. ADDRESS <i>1400 N. Caroline St.</i>		23C. DATE SIGNED <i>Aug 15 '52</i>	
---------------------------------------	--	---	--	---------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-19-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>Balto - Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Shely + Zick</i>		ADDRESS <i>403 N. Wolfe St.</i>	

1934

RECEIVED BY THE
LIBRARY OF THE
UNITED STATES DEPARTMENT OF AGRICULTURE

1934

1-8-21

My dear Mr. [illegible]
[illegible]

My dear Mr. [illegible]

My dear Mr. [illegible]

My dear Mr. [illegible]

1934
[illegible]
[illegible]

524

52 7703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 7703
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM MANGOLD			2. DATE OF DEATH Aug. 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1741 Homestead Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1741 Homestead Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1878	9. AGE (In years last birthday) 74	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME William Mangold			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes Spanish Amer.			16. SOCIAL SECURITY NO. 214-01-9340		
17. INFORMANT Mrs. Carrie Mangold			17. INFORMANT 1741 Homestead Street -18		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute coronary occlusion DUE TO Arteriosclerotic heart disease DUE TO Chronic bronchial asthma			INTERVAL BETWEEN ONSET AND DEATH Immediate		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 18, 1943 to Aug 14, 1952 that I last saw the deceased alive on June 19, 1952 and that death occurred at 7:30 p. m. from the causes and on the date stated above.					
23A. SIGNATURE St. V. Harold		23B. ADDRESS 4706 Harford Road		23C. DATE SIGNED 8/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 8/18/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13. MD			
DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150

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500

52 7704

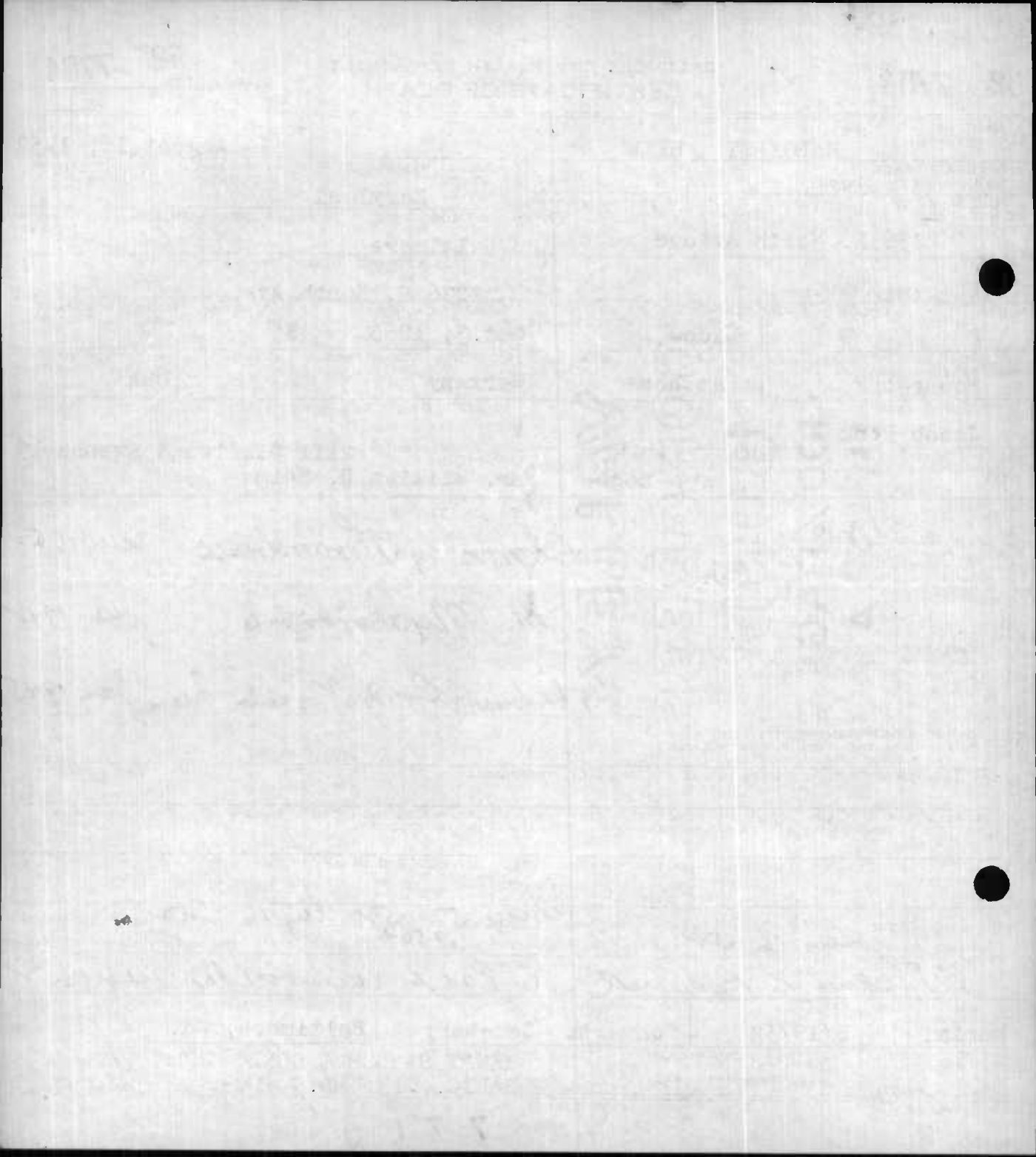
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7704
Registered No.

1. NAME OF DECEASED (Type or Print) MARGARET HEIM			2. DATE OF DEATH August 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 8-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2236 E. North Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2236 E. North Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 3, 1866	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Jacob Beck		
14. MOTHER'S MAIDEN NAME ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. none			17. INFORMANT 2111 Cliftwood Avenue 13 Mr. William D. Heim		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Ch. Myocarditis DUE TO Hypertensive Cordiorenal disease		INTERVAL BETWEEN ONSET AND DEATH Aug 16 52 Jan. 1948 Jan 1945
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 5, 1952 to Aug 16, 1952 , that I last saw the deceased alive on Aug 16, 1952 and that death occurred at 9:50 P.M. from the causes and on the date stated above.					
23A. SIGNATURE William J. Rydner M. D.		23B. ADDRESS 8014 Kenwood Rd		23C. DATE SIGNED Aug 16 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 8/19/52		24C. NAME OF CEMETERY OR CREMATORY Schwartz Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.			
DATE RECEIVED BY LOCAL REGISTRAR Aug 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



260

52 7705

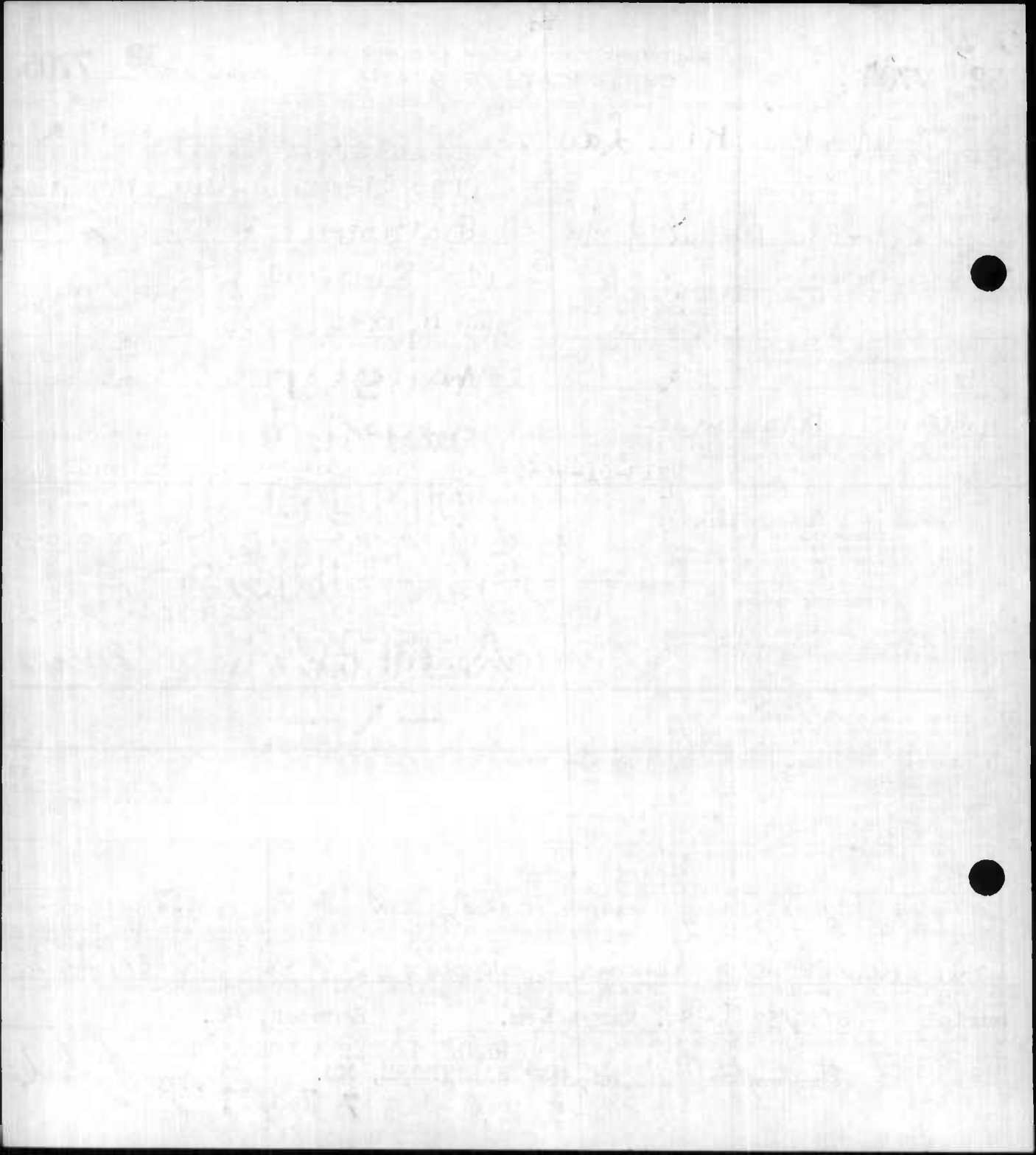
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7705

1. NAME OF DECEASED (Type or Print) <i>Martha Klare Laisure</i>		2. DATE OF DEATH <i>August 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>8-05</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>56</i>		D. STREET ADDRESS (If rural, give location) <i>1733 Clifton Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 11, 1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HWY.</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>56</i>
13. FATHER'S NAME <i>Nicholas Klausman</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>213-01-9660</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
17. INFORMANT <i>Martha Klare Laisure</i>		ADDRESS <i>1733 Clifton Ave</i>	
18. I <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Bronchopneumonia, bilateral 2 days</i> DUE TO (B) <i>Coronary heart-disease 5 years</i> DUE TO (C) <i>Arteriosclerosis 8 years</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-28</i> , 19 <i>52</i> , to <i>8-17</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8-17</i> , 19 <i>52</i> , and that death occurred at <i>8:45 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Hildegard, Pearl Reissner, M.D.</i>		23B. ADDRESS <i>Woman's Hospital</i>	
23C. DATE SIGNED <i>8/17-1952</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>8/30/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St. Marys Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Hampton, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	
VS 150		25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i> <i>BALTIMORE, MD.</i>	

MEDICAL CERTIFICATION

11 520 90770



260
52 7706

52 7706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Samuel Shugar</i>		2. DATE OF DEATH <i>Aug. 18, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Stal 5</i>		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-05</i>	
C. Length of stay in Baltimore <i>48</i>		D. STREET ADDRESS (If rural, give location) <i>142 N. Broadway</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Mar 12, 1901</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Food Fair</i>	9. AGE (In years last birthday) <i>51</i>
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Solomon</i>		14. MOTHER'S MAIDEN NAME <i>Anna</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS _____	

18. <i>162X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Respiratory obstruction</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Recurrent carcinoma of trachea</i> DUE TO (C) _____	CAUSE OF DEATH <i>Respiratory obstruction</i> <i>Recurrent carcinoma of trachea</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>1 year</i>
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19. DATE OF OPERATION <i>Oct. 4, 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of larynx, trachea & tongue</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from <i>Aug. 11</i> , 1952, to <i>Aug. 18</i> , 1952, that I last saw the deceased alive on <i>Aug. 18</i> , 1952, and that death occurred at <i>1:37 A.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>W. H. Williams, M.D.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Aug. 18, 1952</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8-18-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 18 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Michael Lewis Ave 2100 Canton Pl</i>		

MEDICAL CERTIFICATION

390 6A 7 0 0

2075 52

RECEIVED BY THE DEPARTMENT OF
CENTRAL AND SOUTH AMERICA

2001 52

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322

52 7707

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7707

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis RAITZYK

2. DATE
OF
DEATH

8-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5121 Chalgrove Ave Baltimore 27-17

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5121 Chalgrove Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

55

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

Jewelry

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.G.

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Jennie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WAR I

16. SOCIAL
SECURITY NO.

17. INFORMANT

Irving Spector

ADDRESS

Same

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Degenerative Cardio-vascular Disease

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Atherosclerosis
Acute Pulmonary Edema 15 minutesII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from
deceased alive on July 18, 1952 and that death occurred at 6:15 p.m., from the causes and on the date stated above.

1951, to 8-17-1952, that I last saw the

23A. SIGNATURE

U. V. Johnson M.D.

23B. ADDRESS

1109 N. Calvert St

23C. DATE SIGNED

8-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 18 1952

Huntington Williams, M.D.

Paul Lewis Inc - 2100 Eutaw St

VS 150

52 7707

MEDICAL CERTIFICATION

Assurance
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7708**

52 7708
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD H. MOENIUS, SR.			2. DATE OF DEATH August 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01		
D. STREET ADDRESS (If rural, give location) 214 E. Pratt Street			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 23, 1898	9. AGE (In years last birthday) 54	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpentry
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpentry			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Philadelphia, Pennsylvania			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Michael H. Moenius			14. MOTHER'S MAIDEN NAME Anna Barbara Huppman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Ethel T. Oldewurten, Pasadena, Md.			ADDRESS		

18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of the liver X000X		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rupture of esophageal varices X000X		
Gastro-intestinal hemorrhage X000X		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Cook</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Aug. 12, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 8/18/52	24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery
24D. LOCATION (City, town, or county) Anne Arundel County, Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D. Wm. Cook, Inc., 1217 St. Paul Street

DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street
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2037

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2037 8

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RECEIVED

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CERTIFICATE OF DEATH

52 7710
Registered No. 52 7710

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Anne Arundel(c) City or town Glen Burnie
(If outside city or town limits, write RURAL and give town)(d) Street No. 213-4th Ave. S.W. 5209
(If rural give location)(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME

RaryWatts

3 (b) If veteran, name war

None

3 (c) Social Security Account

No. None

4. Sex

Female

5. Color or race

White

6 (a) Single, married, widowed, or divorced.

Widow6 (b) Name of husband or wife Marton Watts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 1, 1881

8. AGE:

Years

Months

Days

If less than one day

71

hr. min.

9. Birthplace Anne Arundel Co., Md.

(Town, county, and state)

10. Usual Occupation Housework11. Industry or business Own Home12. Name Charles Wade

13. Birthplace

14. Maiden Name Sarah Lowman

15. Birthplace

Informant Marton Watts(b) Address Glen Burnie1 (b) Date thereof Aug. 19, 1952
(Burial, cremation, or removal) (month) (day) (year)(c) Cemetery or crematory Glen HavenLocation Glen Burnie18 (a) Funeral director P. V. Singleton(b) Address Glen Burnie, Md.AUG 18 1952 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15, 1952, at M21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10, 1952 to Aug 15, 1952, and that I last saw him alive on Aug 15, 1952.

Immediate cause of death

Coronary Thrombosis

Duration

5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M(c) Where did injury occur?
(City or town) (County) (State)(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature C. Milton Luther
Luther H. Rd. Date signed 8/15/52

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

AB-161403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7711
Registered No.

52 7711

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Diggs		2. DATE OF DEATH 8-15-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-01	
5. Length of stay in Baltimore 50yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 7 N. Poppleton St.	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20- 1881 9. AGE (in years last birthday) 71 If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Mack Diggs		14. MOTHER'S MAIDEN NAME Eliza Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave. ADDRESS	

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Stomach DUE TO (A) Carcinoma of the Stomach (B) (C)		INTERVAL BETWEEN ONSET AND DEATH 6mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION August 5-1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma of the Stomach		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 7-25- , 19 52 to 8-15- , 19 52 , that I last saw the deceased alive on 8-15- , 19 52 , and that death occurred at 7.30A m. , from the causes and on the date stated above.				
23A. SIGNATURE C. S. O'Keefe		23B. ADDRESS M. D. 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 8-15-1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/18/52	24C. NAME OF CEMETERY OR CREMATORY MT. Auburn Cem	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR William A. Jackson ADDRESS 916	

19520007707

MEDICAL CERTIFICATION

663

52 7712

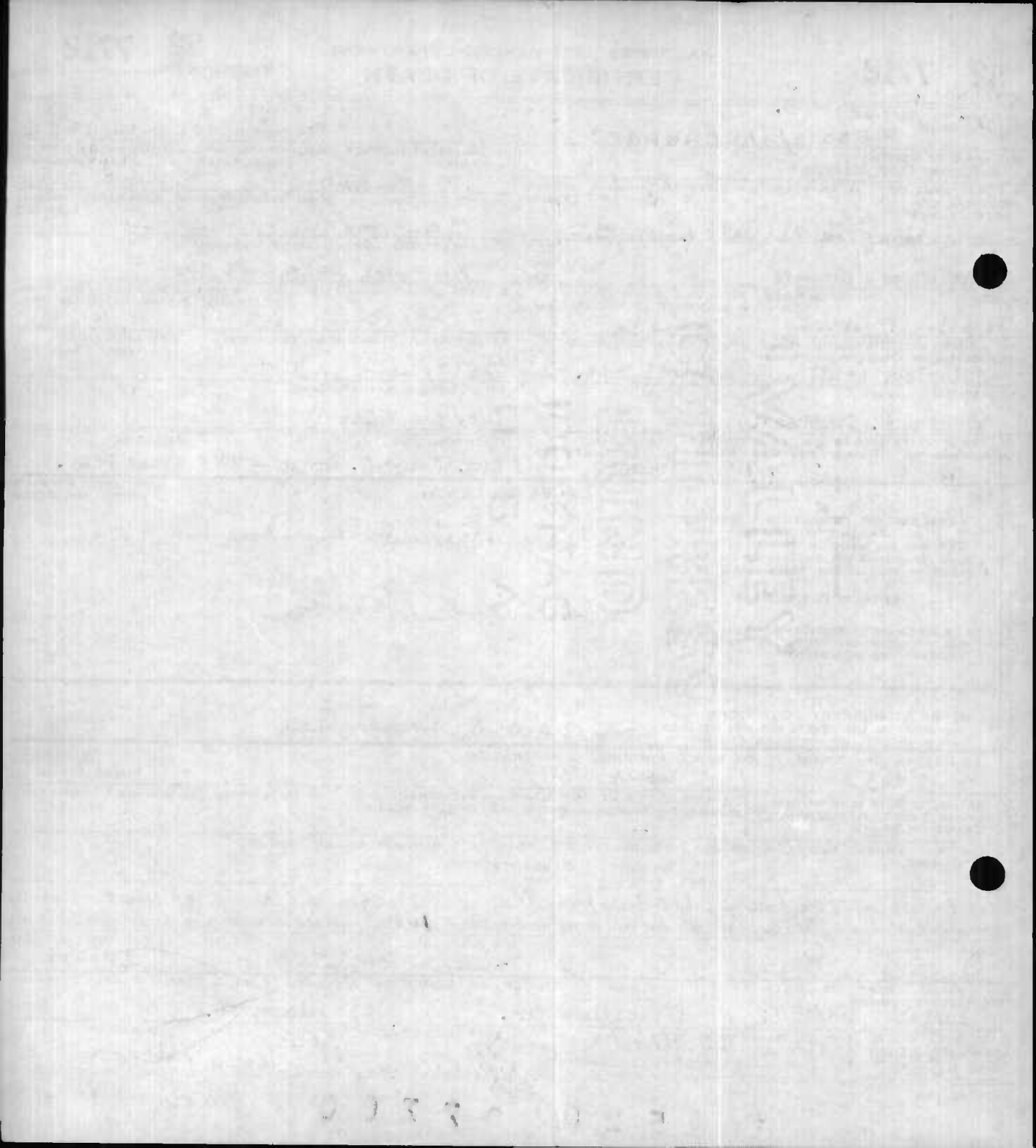
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7712
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BESSIE/TRUEHEART		2. DATE OF DEATH AUG. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
8. FULL NAME OF HOSPITAL OR INSTITUTION Singi Hospital of Baltimore Inc.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-06			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 207 W. 29th STREET			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/29/80	9. AGE (in years last birthday) 72	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady (rtd)		10B. KIND OF BUSINESS OR INDUSTRY Retail Dept. Store		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME William H. Trueheart		14. MOTHER'S MAIDEN NAME Lucy Ann White			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. James C. Green - 2922 Wyman Pkwy.	
18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. myocardial Infarction		CAUSE OF DEATH (A) Gastrointestinal Hemorrhage DUE TO (B) Carcinoma of Pancreas DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 days	
19A. DATE OF OPERATION 7.28.52		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/11 , 19 52 to 8/16 , 19 52 , that I last saw the deceased alive on 8/16 , 19 52 and that death occurred at 2:10 PM. , from the causes and on the date stated above.					
23A. SIGNATURE Julius S. Puer		23B. ADDRESS Singi Hospital		23C. DATE SIGNED 8/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/18/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR ADDRESS William J. Pickner & Sons - Balto. 17 Md			
DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

MEAL CERTIFICATION

19520420700



52 7713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7713

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)CARMELLA
VINCENT / TAMBURO, Sr.2. DATE
OF DEATH August 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1130 Nanticoke Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Aug. 29, 1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR
INDUSTRY

Town Barber

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Salvatore Tamburo

14. MOTHER'S MAIDEN NAME

Comsetai Zito

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Blanche E. Tamburo, Sr. - 1130 Nanticoke St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

8/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/19/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

195207407709

Balto 17, Md

MEDICAL CERTIFICATION

100-100000

100-100000

100-100000
100-100000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7714
Registered No. _____

52 7714
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Starry Wilson</i>			2. DATE OF DEATH <i>Aug 17, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Osle</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> <i>Pa.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>Phoenixville</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2651 Maryland Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 14, 1884</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Accountant</i>			11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>U. S. Gov't.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Samuel Wilson</i>			14. MOTHER'S MAIDEN NAME <i>Mary E. Jones</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i> ✓		

18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Regimental failure</i> <i>Palmy tetanus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>6 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *6-2*, 19*52*, to *8-17*, 19*52*, that I last saw the deceased alive on *8-17*, 19*52*, and that death occurred at *5.05 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Michael W. Deil</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8-17-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>8/18/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Morris Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Phoenixville, Pa.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR'S ADDRESS <i>Thm. J. Tichener & Sons</i>
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MEDICAL CERTIFICATION

MS. 111

THE STATE OF OHIO

MS. 111

1871

1871

1871

1871

1871

1871

1871

1871

1871

1871

400
162
52 7715

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7715
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Antonina-White-Bialorzynski</i>		2. DATE OF DEATH <i>Aug 16-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived in institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>609 S. Wolfe St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 2-03</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>609 S. Wolfe St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 2, 1891</i>	9. AGE (in years last birthday) <i>61</i>	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done within month of death or life, even if retired) <i>Schubking</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Oyster Packing</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Michael Hoffman</i>			
14. MOTHER'S MAIDEN NAME <i>Mary Katorowski</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)			
16. SOCIAL SECURITY NO. <i>218-07-3334</i>		17. INFORMANT <i>Ludwig Bialorzynski</i>			
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Arterio sclerotic cardio vascular disease</i> DUE TO <i>years</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)		19. DATE OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 17</i> , 1952, to <i>Aug. 16</i> , 1952, that I last saw the deceased alive on <i>Aug 16</i> , 1952, and that death occurred at <i>5:30 a. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Sigmund B. Nowak</i>		23B. ADDRESS <i>404 S. Patt. Ph. An.</i>		23C. DATE SIGNED <i>8-16-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug 19-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. City</i>		25. FUNERAL DIRECTOR <i>Wm. S. Fialkowski</i>			
25. FUNERAL DIRECTOR <i>Wm. S. Fialkowski</i>		25. FUNERAL DIRECTOR <i>2007 Eastern Ave</i>			

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
AUG 18 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Wm. S. Fialkowski

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7716**

52 7716
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK C ROSE		2. DATE OF DEATH August 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 40 Years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 223 N. Gilmor Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 26, 1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator		10B. KIND OF BUSINESS OR INDUSTRY Steel Plant	9. AGE (In years last birthday) 40
13. FATHER'S NAME Albert Rose		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 218-05-3389		14. MOTHER'S MAIDEN NAME Geneveve Sanks	
17. INFORMANT Mrs. Mary S. Rose		ADDRESS 223 S. Gilmor St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William B. Beyer Jr.</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 8/16/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 19th. 1952	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
24D. LOCATION (City, town, or county) Baltimore Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR 406 18 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Geo L Beyer Jr</i>	ADDRESS 1512 Hollins St. Baltimore Md.
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MEDICAL CERTIFICATION

217 51

RECEIVED

217 51

DATE

TO

FROM

SUBJECT

REMARKS

INITIALS

SIGNATURE

DATE

TIME

LOCATION

WEATHER

MOON

WIND

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TEMPERATURE

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WAVE

60
52 7717BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7717

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK PILAR		2. DATE OF DEATH 8-16-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 226 N. Madeira St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 603	
D. STREET ADDRESS (If rural, give location) 226 N. Madeira St.		E. LENGTH OF STAY IN BALTIMORE 50 years	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1874
9. AGE (In years last birthday) 78		10. MONTHS 6	11. DAYS 16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe maker		10B. KIND OF BUSINESS OR INDUSTRY own business	
11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Joseph Pilar		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Pilar, wife, above		ADDRESS	

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Heart Disease**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none**6 yrs**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inquiry + Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

Francis J. Januszko

M.D.

ASSISTANT MEDICAL EXAMINER.....

8-17-52

MEDICAL INVESTIGATOR

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial**Aug. 20, 1952****Oak Hill Cemetery****Horner's Lane, Balto. Md.**

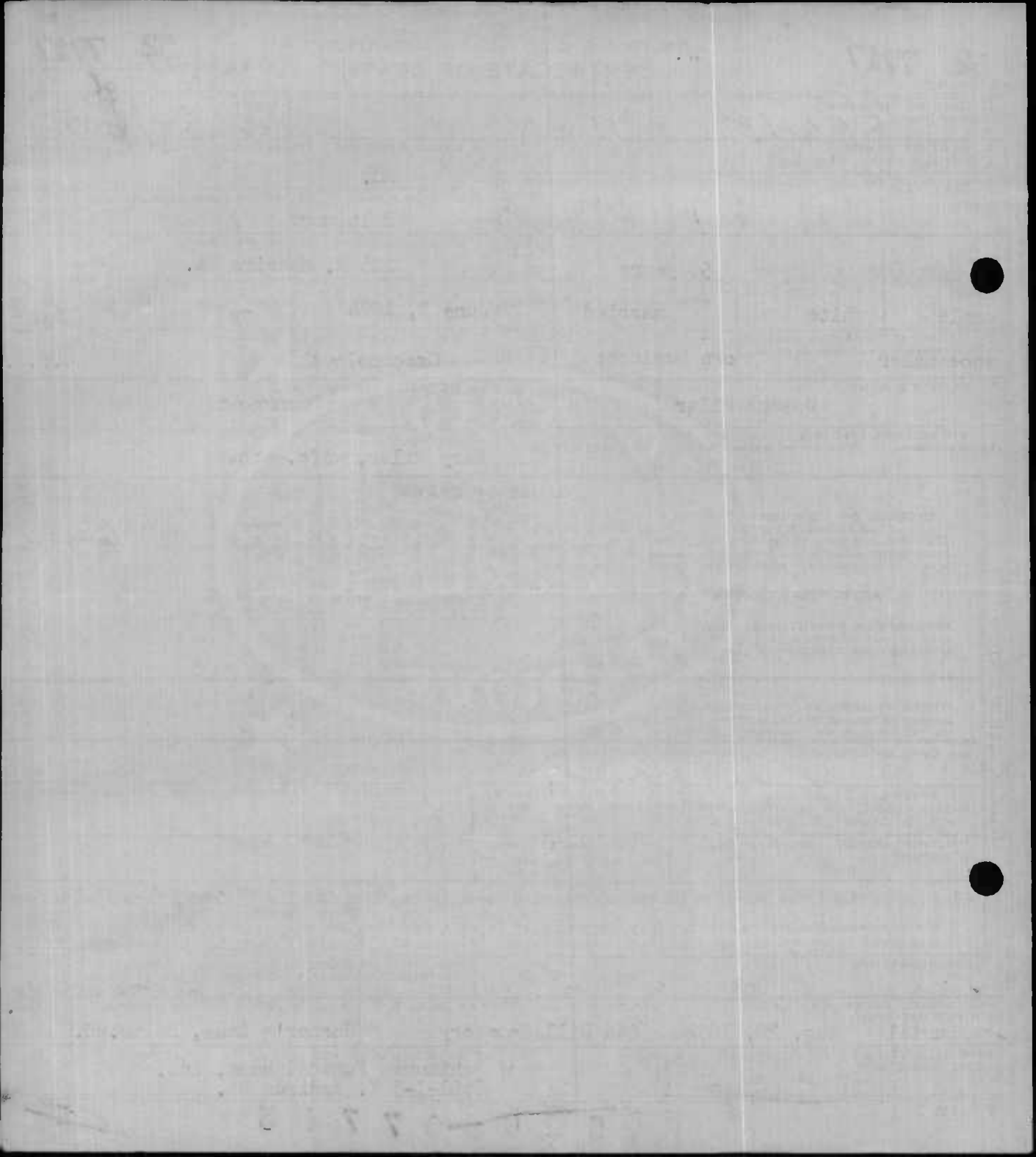
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 18 1952**Huntington Williams, M.D.****Schimunek Funeral Home, Inc.****2601-3-5 E. Madison St.**



460

52 7718

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7718

1. NAME OF DECEASED
(Type or Print)

Arizona May Taylor

2. DATE
OF
DEATH

Aug 16, '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

3 weeks

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hepatic failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Congestive heart failure

(C) DUE TO

Chronic cor pulmonale, secondary
to primary pulmonary hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1952 to Aug. 16, 1952 that I last saw the
deceased alive on Aug. 16, 1952 and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UG 1-2-1952

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

VS 150

19520007714

MEDICAL CERTIFICATION

ANT 5

5

UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH

ANT 5

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[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

450

52 7719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7719

Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM EARL KELLUM			2. DATE OF DEATH 8/16/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-02		
C. Length of stay in Baltimore 38yrs.			D. STREET ADDRESS (If rural, give location) 2117 W. FAYETTE ST		
5. SEX M	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/4/1903	9. AGE (In years last birthday) 49YRS.	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROPERTY CLERK		10B. KIND OF BUSINESS OR INDUSTRY U.S. CUSTOM HOUSE		11. BIRTHPLACE (State or foreign country) VIRGINIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME JOHN R. KELLUM		
14. MOTHER'S MAIDEN NAME KATIE BEVINS			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS BERNETTA KELLUM(W) 2117 W. FAYETTE ST		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/8, 1952 to 8/16, 1952 , that I last saw the deceased alive on 8/16, 1952 and that death occurred at 4:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE G. J. Edwards, M.D.		23B. ADDRESS Provident Hosp.		23C. DATE SIGNED 8/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 8/19/52		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM'L. PK.	
24D. LOCATION (City, town, or county) BALTO. COUNTY, MD		25. FUNERAL DIRECTOR Chas. H. W. 512 Convent		25. ADDRESS at.	

VS 150

95390 9/10 7715

at.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Form No. 1

MEMORANDUM

TO :

FROM :

SUBJECT :

DATE :

BY :

FILE NO. :

RE :

REFERENCE :

REMARKS :

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]

7. [Illegible text]

8. [Illegible text]

9. [Illegible text]

10. [Illegible text]

11. [Illegible text]

Med. Exam Case Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No 7720

BIRTH NO. 7720 416

1. NAME OF DECEASED
(Type or Print)

James Claiborne

2. DATE
OF
DEATH

Aug. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. E900.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

Fracture dislocation cervicels
spin

5 days

cervicels cord injury
falling down steps

5 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

CHIEF OR ASST. MEDICAL EXAMINER

YES NO

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11 1952, to 8/14, 1952, that I last saw the
deceased alive on 8/14, 1952, and that death occurred at 135 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

N805.0 To be as per 7703A

CERTIFICATE OF DEATH

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CERTIFICATE APPROVED BY

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52 7721
P-64551-21836
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

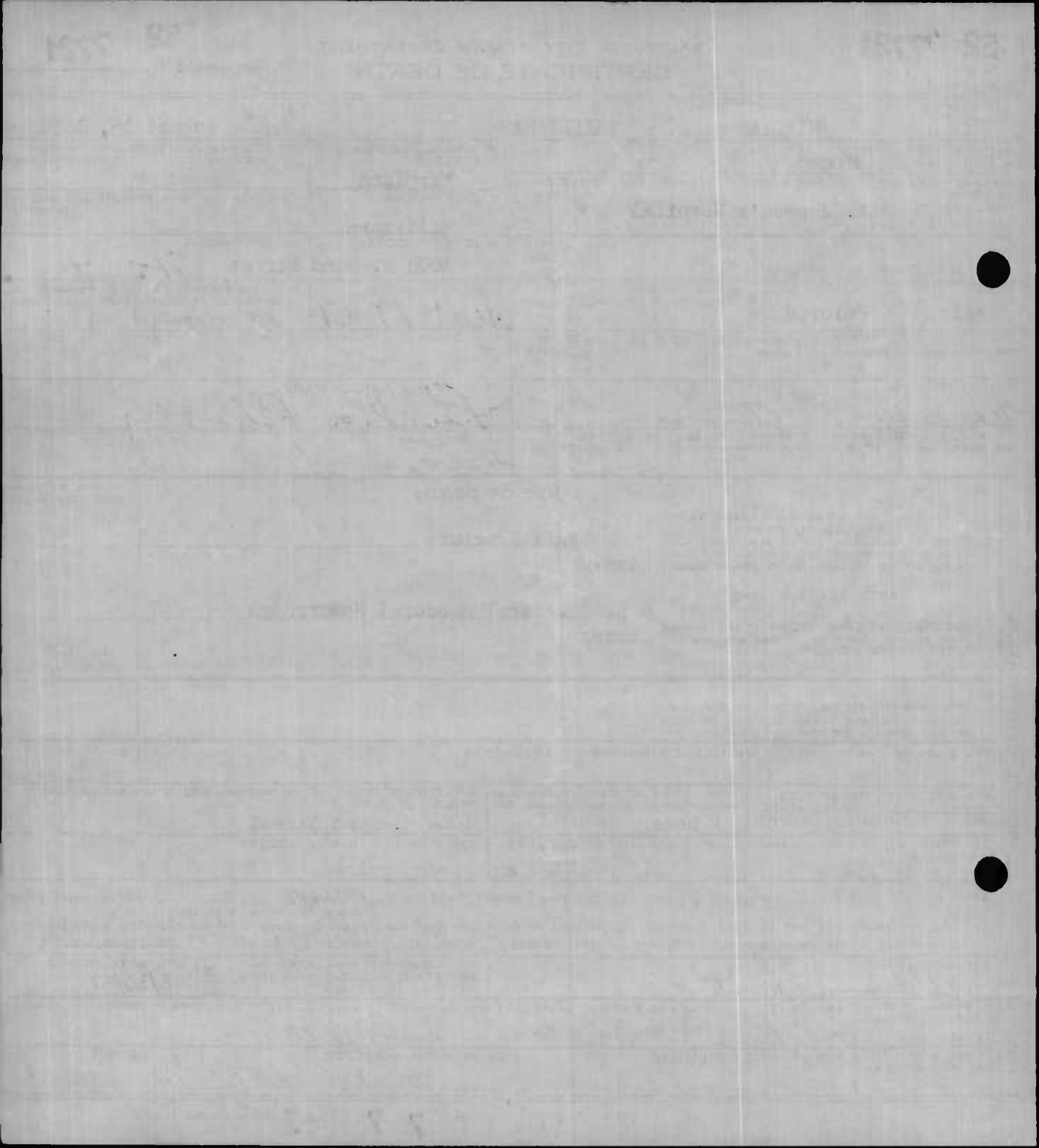
52 7721
Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM A. PRILLIAMAN		2. DATE OF DEATH August 15, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
d. STREET ADDRESS (If rural, give location) 1004 N. Bond Street		e. 7-04	
5. SEX Male		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Sept 19-51	
9. AGE (In years last birthday) 10 months		10. UNDER 1 Year Months Days	
11. UNDER 24 Hours Hours Min.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Eugene Prillman		14. MOTHER'S MAIDEN NAME Louella Brantley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Eugene Prillman		ADDRESS	

18. E936.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Skull Fracture XXXXX (B) Bilateral Subdural Hemorrhage XXXXX (C)		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1004 N. Bond Street 7/4	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/7/52		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Undetermined	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE William A. Prillman		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 8/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial		24B. DATE Aug 18/52		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem	
24D. LOCATION (City, town, or county) (State) A.A. County Md.		25. FUNERAL DIRECTOR Mr Robert A. Elliott & Daughter		ADDRESS 1127 N. Caroline St.	

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1127 N. Caroline St.



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2 7720 - 162103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7722
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>ANN</i> Patricia Hill		2. DATE OF DEATH Aug. 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 343 Warren Ave.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 29, 1942	9. AGE (In years last birthday) 10	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Francis Hill		14. MOTHER'S MAIDEN NAME Marjorie L. POLLARD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT B. C. H. Records, 4940 Eastern Ave.	

18. 080.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bulbar Poliomyelitis DUE TO (A) Bulbar Poliomyelitis (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 6 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION Aug. 17, 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 16 , 19 52 , to Aug. 17 , 19 52 , that I last saw the deceased alive on Aug. 17 , 19 52 , and that death occurred at 12 noon , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. S. Cohen</i>		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 8-17-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/21/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Balto Md		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR L. Kuck		ADDRESS 5305 Harford Rd	

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B-460
52 7723BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7723
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles

2. DATE
OF
DEATH

Aug 17, 1952

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

37 Mercy Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday) If Under 1 Year
Months: Days If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 561.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Possible cerebral vas. accident 30 min

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g. in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Aug 10, 1952, to Aug 17, 1952, that I last saw the
deceased alive on Aug 17, 1952, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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52 7724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7724
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Joseph E. Mc Court		2. DATE OF DEATH August 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1205 Luzerne Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1205 Luzerne Ave 8-03			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1886	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Baltimore Transit Co		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Edward Mc Court		14. MOTHER'S MAIDEN NAME Susan Hegarty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Joseph E. Mc Court 1205 Luzerne Ave	

18. 163x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Carcinoma of Lung DUE TO		INTERVAL BETWEEN ONSET AND DEATH 8 mos.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1952 to Aug 15, 1952, that I last saw the deceased alive on 8-15, 1952 and that death occurred at 1:50 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Harry J. Kane		23B. ADDRESS 2607 8 Preston		23C. DATE SIGNED 8-16-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/19/52		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. H. Upshaw & Son 805 N. Calvert St.	
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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF MARRIAGE

PLACE OF MARRIAGE

CAUSE OF MARRIAGE

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

10.3

CERTIFICATE OF DEATH

BIRTH NO. 48-15876

1. NAME OF DECEASED (Type or Print) JOSEPH CARTER		2. DATE OF DEATH August 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 541 S. Paca Street		22-02	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 31, 1948
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 4	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto	
13. FATHER'S NAME Irvin Carter		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Irvin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes	
16. SOCIAL SECURITY NO.		17. INFORMANT Irvin Carter	
18. E812.0		ADDRESS 541 Paca St	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Comminuted Skull Fracture**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Warner Street about 74' south of Paca21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
8/15/52 12:05 P. m.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by truck**22/2**

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐**8/16/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

DECEASED

DATE

TIME

PLACE

AGE

CAUSE

DIAGNOSIS

PLACE OF BIRTH

DATE OF BIRTH

SEX

SIGNATURE OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DIAGNOSIS

DATE

P-620

52 7726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7726

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jan Pierce

2. DATE
OF
DEATH

Aug. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

802 Woodward St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-9-14

9. AGE (In years,
last birthday)

38

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Bus Express

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Pierce

14. MOTHER'S MAIDEN NAME

Emma Cox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 150X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CAUSE OF DEATH

Metastatic Carcinoma

INTERVAL BETWEEN
ONSET AND DEATH

3 mo

Carcinoma of esophagus

6 mo

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13¹⁹⁵², to 8/16¹⁹⁵², that I last saw the
deceased alive on 8/16¹⁹⁵², and that death occurred at 2³⁰ P. M., from the causes and on the date stated above.

23A. SIGNATURE

Frederick W. Dick

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/19/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county) (State)

Dorsey, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

100-181952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1212 E. Paul St

ADDRESS

VS 150

1952006875222

MEDICAL CERTIFICATION

3577 85

85

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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B-550
52 7727BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7727
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES BOWMAN			2. DATE OF DEATH 8-16-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 37 Mary Hospital Length of stay in Baltimore 50 Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 72-01		
D. STREET ADDRESS (If rural, give location) 309 S. Sharp St			5. DATE OF BIRTH June 25, 1873		
6. AGE (in years last birthday) 79			7. AGE (in years last birthday) 79		
8. UNDER 1 Year Months Days			9. UNDER 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Clerk - Hotel			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME James Bowman			14. MOTHER'S MAIDEN NAME Aminda -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 407-14-5030		
17. INFORMANT Hosp Records			ADDRESS		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Anteriosclerotic cardiovascular disease DUE TO (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH Several years		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 8-16-52 to 8-16-52 , that I last saw the deceased alive on 8-16-52 , and that death occurred at from , from the causes and on the date stated above.					
23A. SIGNATURE C. R. Ireland			23B. ADDRESS Maryland		
23C. DATE SIGNED 8-16-52					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 8/19/52		
24C. NAME OF CEMETERY London Park			24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1952			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
25. FUNERAL DIRECTOR Wm. Cook, Inc.			ADDRESS 1217 E. Paul St		

VS 150

19520007723

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7728
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WALTER EDWARDS		2. DATE OF DEATH August 16, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 716 W. Lexington Street 4-02	
b. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		5. AGE (In years last birthday) 76 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
6. LENGTH OF STAY IN BALTIMORE		8. DATE OF BIRTH Feb. 14, 1906	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Va.	
10B. KIND OF BUSINESS OR INDUSTRY Shipyard	12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Willie Edwards
14. MOTHER'S MAIDEN NAME Cona Lee	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Olivia Johnson		ADDRESS 659 Pine St.	

18. E 916.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) First, Second, and Third Degree Burns of Head, Chest, Upper and Lower Extremities		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Industrial Place	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Fairfield Yards, 1101 Key Highway		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 8/14/52 9:45 A.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Gas explosion on steamship 24/2		

2. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Willie Edwards		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 8/16/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/20/1952	24C. NAME OF CEMETERY OR CREMATORY Wm. Carey Am. Cem.	24D. LOCATION (City, town, or county) (State) Crown Hill Md.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR Mr. Kate R. Williams		ADDRESS Schrock St. 322

AUG 16 1952
N 948.2 1 2 5 0 5908 2 1

MEDICAL CERTIFICATION

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S-450
52 7729BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7729
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADA SLOAN

2. DATE
OF
DEATH

8-16-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

BAR-WIL-BACONVALESCENT HOME

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1045 W. Lenoir St.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-5-76

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Greenville N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Willie Randolph

14. MOTHER'S MAIDEN NAME

Pattie Gordon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Robert Sloan

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1957, to Aug 16, 1957, that I last saw the
deceased alive on Aug 8, 1957, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. Johnson

23B. ADDRESS

403 Medway Bldg

23C. DATE SIGNED

8/16/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

DATE RECEIVED BY
LOCAL REGISTRAR

UG 181952

24B. DATE

8/19/1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

24C. NAME OF CEMETERY OR CREMATORY

Arbiter Memorial

24D. LOCATION (City, town, or county)

Arbiter

(State)

Md.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N Schenck St

VS 150

19520007729

MEDICAL CERTIFICATION

2577

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RECEIVED BY THE SECRETARY OF THE
TREASURY OF THE UNITED STATES

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BUREAU OF LANDS

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RECEIVED BY THE SECRETARY OF THE
TREASURY OF THE UNITED STATES

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BUREAU OF LANDS

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RECEIVED
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U.S. DEPT. OF THE INTERIOR
BUREAU OF LANDS

K-256
52 7730BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7730
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Maximilian Kaczmarek</u>		2. DATE OF DEATH <u>8/16/52</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <u>South Baltimore General Hospital</u> INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
d. Length of stay in Baltimore <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>116 W. Ostend Street 23-01</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/12/95</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman-retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City of Balto.</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.A.</u>	
13. FATHER'S NAME <u>Leon Kaczmarek</u>		14. MOTHER'S MAIDEN NAME <u>?</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>218-26-1636</u>	
17. INFORMANT <u>Margaret Kaczmarek</u>		ADDRESS <u>116 W. Ostend St.</u>	

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Thrombosis</u>	CAUSE OF DEATH (A) <u>Cerebral Thrombosis</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>7-15-52</u> <u>1130 pm</u> <u>to 8-16-52</u> <u>840 a.m.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerotic CV Disease</u> <u>Hypertensive CV Disease</u>	(B) <u>Arteriosclerotic CV Disease</u> DUE TO (C) <u>Hypertensive CV Disease</u>	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15/52 1952, to 8/16/52 1952, that I last saw the deceased alive on 8/16/52 1952 and that death occurred at 840 a.m., from the causes and on the date stated above.

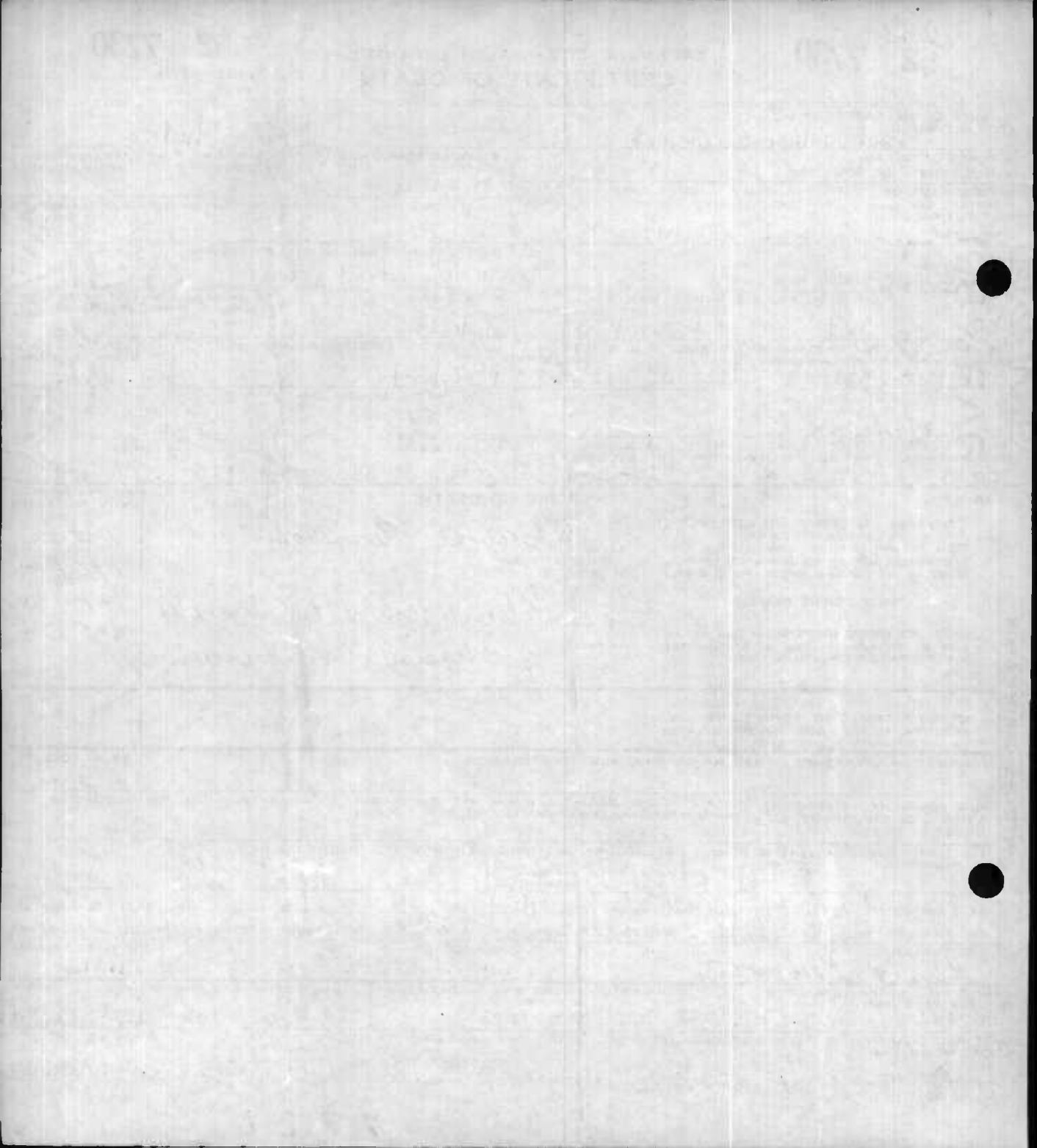
22A. SIGNATURE <u>James J. Gockowski Jr.</u> M. D.	22B. ADDRESS <u>1213 Light St.</u>	22C. DATE SIGNED <u>8/16/52</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Aug. 19, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	24D. LOCATION (City, town, or county) (State) <u>Old Frederick Rd. Balto Md.</u>
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>KRAUSE FUNERAL HOME</u>	ADDRESS <u>1216 S. Charles St.</u>
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AUG 18 1952

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F-652
52 7731

52 7731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) WALTER J FRANCE (OR) FRANCISZKOWSKI			2. DATE OF DEATH AUG 17 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1818 E PRATT ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 1818 E PRATT ST 2-02		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 21 1899	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10B. KIND OF BUSINESS OR INDUSTRY CHEVROLET CO		11. BIRTHPLACE (State or foreign country) BALTIMORE MD	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME IGNATIUS FRANCISZKOWSKI		
14. MOTHER'S MAIDEN NAME CATHERINE ?			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		
16. SOCIAL SECURITY NO. —			17. INFORMANT HELEN M. FRANCE 1818 E PRATT ST		

18. 490X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Lobar Pneumonia with acute myocardial infarction	CAUSE OF DEATH (A) Acute Lobar Pneumonia DUE TO with acute myocardial infarction (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH 4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 16 , 19 52 , to Aug. 17 , 19 52 , that I last saw the deceased alive on Aug. 17 , 19 52 , and that death occurred at 11:30 AM. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. H. [Signature]</i>		23B. ADDRESS 1800 E Pratt St		23C. DATE SIGNED 8/18/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE AUG 21 1952	24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEMETERY	24D. LOCATION (City, town, or county) (State) GERMAN HILL RD. MD.
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DATE RECEIVED BY LOCAL REGISTRAR 8-18-1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR Doppel Bros.	ADDRESS 1800 E LOMBARD ST
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1971

RECEIVED BY THE DIRECTOR
CENTRAL INTELLIGENCE AGENCY

TO : DIRECTOR, CENTRAL INTELLIGENCE AGENCY
FROM : [illegible]
SUBJECT: [illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 7732

BIRTH NO. 52 7732

1. NAME OF DECEASED (Type or Print) WILLIAM LEE CRAIG		2. DATE OF DEATH August 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 23yrs.		D. STREET ADDRESS (If rural, give location) 1405 Born Court	
7. SEX Male	8. COLOR OR RACE Colored	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH 8-19-1910
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman		12. AGE (In years last birthday) 42	13. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
14. FATHER'S NAME Lee Cr app		15. BIRTHPLACE (State or foreign country) South Carolina	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. CITIZEN OF WHAT COUNTRY? U.S.	
18. SOCIAL SECURITY NO.		19. MOTHER'S MAIDEN NAME Mary Jane Temp	
20. INFORMANT Mary Mind (mother)		21. ADDRESS 505 Lexington St.	

18. E902.5 and 322.2 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture Dislocation of 6th and 5th Cervical Vertebrae

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) railroad tracts		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Monroe Street Bridge Pennsylvania railroad tracts under 16/4	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found 8/2/52 8:22 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell from bridge while intoxicated	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Smith</i>		23B. CHIEF MEDICAL EXAMINER M.D. <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED 8/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-20-52		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Charles R. La., 802 Madison Ave.			

DATE RECEIVED BY LOCAL REGISTRAR **UG 18 1952** REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* VS 151 **NS 05.0** **890517720**

MEDICAL CERTIFICATION

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UNITED STATES OF AMERICA

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BALTIMORE CITY HEALTH DEPARTMENT

52 7733

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 7733 52-17434

1. NAME OF DECEASED
(Type or Print)

BABY BOY MATTHEWS "A"

2. DATE
OF
DEATH

8/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hosp.

C. Length of stay in Baltimore

8 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

HARRY MATTHEWS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

University Hosp.

C. CITY OR TOWN

Baltimore, Md. HARMONS

D. STREET ADDRESS (If rural, give location)

HARMONS, A. A. CO. MD 5200

8. DATE OF BIRTH

7/29/52

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days12 Under 24-Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

ARDENE OLIVER

17. INFORMANT

ADDRESS

18. 773.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Sclerema neonatorum

DUE TO

1 day.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1952, to Aug. 6, 1952 that I last saw the
deceased alive on Aug. 6, 1952, and that death occurred at 10:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Hubert Eckert

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 18 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

AUG 18 1952

VS 150

MEDICAL CERTIFICATION

1911

STATE OF NEW YORK
DEPARTMENT OF HEALTH

[Faint, illegible text, likely bleed-through from the reverse side of the page]

52 7734
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7734

1. NAME OF DECEASED (Type or Print) ETHEL		2. DATE OF DEATH August 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital D.O.A.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04	
Length of stay in Baltimore Years.		D. STREET ADDRESS (If rural, give location) 917 Gorman Alley	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 25, 1909 43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 43
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Thomas		14. MOTHER'S MAIDEN NAME Janie Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Grace - Last Page - 917 - Gorman St.		ADDRESS	

18. **443X and 322.0**
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Hypertensive Heart Disease**~~NOX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Acute Alcoholism**~~NOX~~

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE B. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED 8/18/52
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24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24B. DATE 8/21/52	24C. NAME OF CEMETERY OR CREMATORY Chestertown Md.	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR W. Halstead - 918	ADDRESS
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1957 18

STATE OF DEATH

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52 7735

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7735

Registered No. _____

1. NAME OF DECEASED (Type or Print) May Stewart		2. DATE OF DEATH Aug. 16/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 132 N. Hilton St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-07	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 132 N. Hilton St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 8, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (in years last birthday) 46
13. FATHER'S NAME Harry Hoffman		14. MOTHER'S MAIDEN NAME Rose Worley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Isaac E. Stewart		ADDRESS 132 N. Hilton St.	

18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma Cervix Uteri (A) _____ DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 18 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **February, 1951** to **August, 1952** that I last saw the deceased alive on **August 16, 1952** and that death occurred at **12:30 p. m.** from the causes and on the date stated above.

23A. SIGNATURE Morris W. Steinberg	23B. ADDRESS 410 N. Hilton St.	23C. DATE SIGNED Aug. 18, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 19/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (City, town, or county) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry A. Witzke	ADDRESS 4101 Edmondson Ave.
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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

1000

540

52 7736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7736

1. NAME OF DECEASED (Type or Print) <i>(Barwick)</i> <i>VIRGINIA B. GEMMILL</i>		2. DATE OF DEATH <i>17 AUG 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>MARYLAND GENERAL HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 15-07</i>	
D. STREET ADDRESS (If rural, give location) <i>2128 CHELSEA TER. #16</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>JULY 29 '08</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saleslady</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dept. Store</i>	9. AGE (In years last birthday) <i>44</i>
11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>HARRY C. BARWICK</i>		14. MOTHER'S MAIDEN NAME <i>MINNIE DOBSON</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>HUSBAND</i>		ADDRESS <i>SAME</i>	

18. <i>155X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <i>TOXEMIA</i> DUE TO		<i>10 DAYS</i>
(B) <i>CARCINOMATOSIS</i> DUE TO		<i>6 M</i>
(C) <i>PRIMARY CA OF LIVER</i>		<i>9 M</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>1</i>	19B. MAJOR FINDINGS OF OPERATION <i>CARCINOMA OF LIVER (PRIMARY)</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/9/52*, 19*52*, to *8/17*, 19*52*, that I last saw the deceased alive on *8/17*, 19*52*, and that death occurred at *250 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>J. H. H. H.</i>	23B. ADDRESS <i>Maryland General Hosp.</i>	23C. DATE SIGNED <i>17 Aug 52</i>
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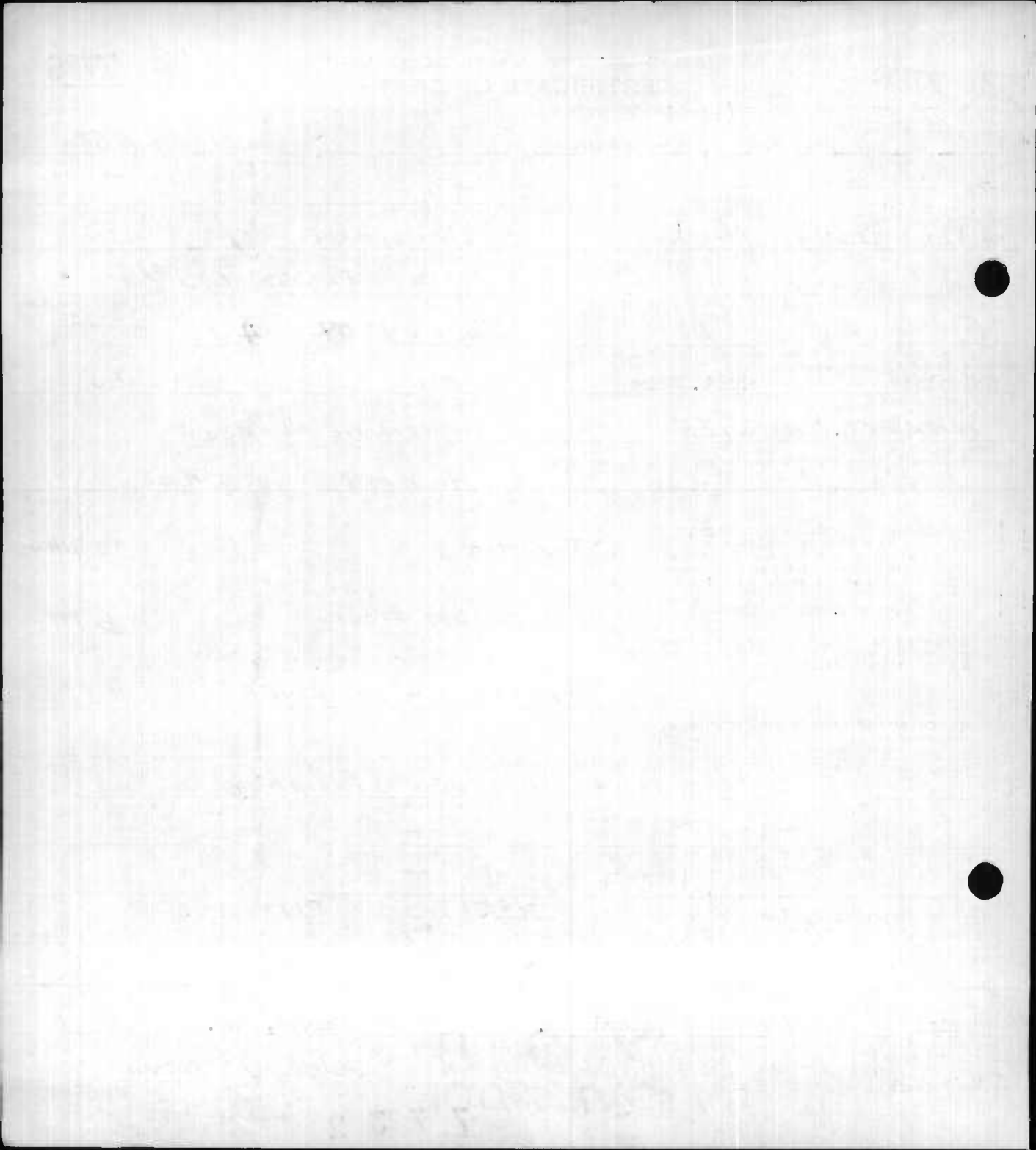
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/20/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oxford Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Oxford, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 19 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Thm. J. Scherer & Sons</i>	ADDRESS <i>Balto. 17. Md.</i>
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VS 150

952049063732

MEDICAL CERTIFICATION



550

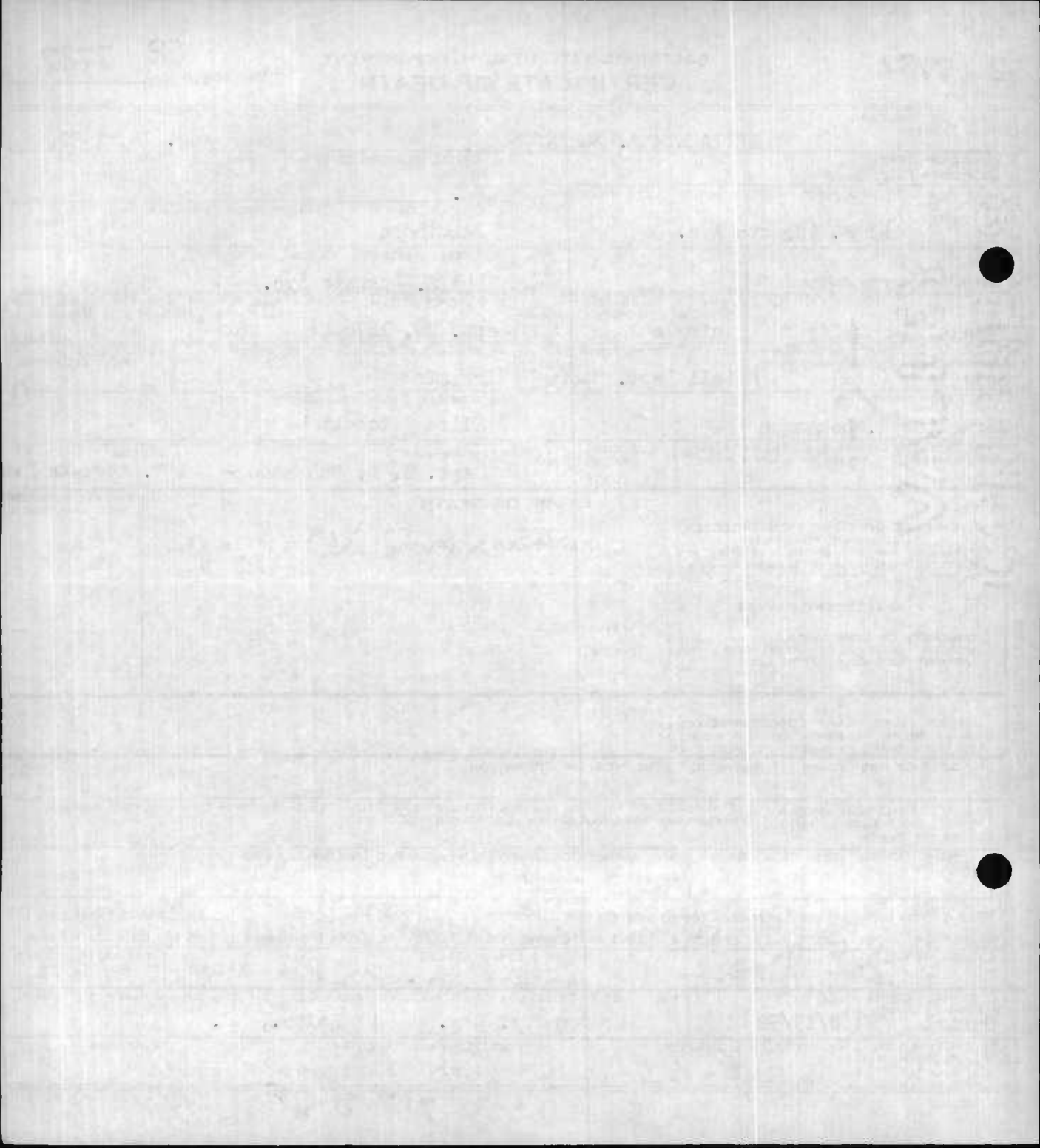
52 7737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7737
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ELIZABETH A. BOHANNON		Aug. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
		A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 441 S. Augusta Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-08			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 441 S. Augusta Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 28, 1870	9. AGE (In years last birthday) 81	H Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady (rtd)		10B. KIND OF BUSINESS OR INDUSTRY Retail Dept. Store	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Cornelius E. Bohannon		14. MOTHER'S MAIDEN NAME Eliza Fitchett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Capt. H. A. Bohannon - 441 S. Augusta Av		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary atherosclerosis CVD - decomp. DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH Years		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1952 to Aug 1952, that I last saw the deceased alive on Jan 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE James J. Prosser		23B. ADDRESS M. D. 6214 Edmonson Ave #20		23C. DATE SIGNED 8/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/19/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. Pickner & Sons	
				ADDRESS	
VS 150 19520007733 Balto 17, Md.					

MEDICAL CERTIFICATION



ST

STATE OF NEW YORK
IN SENATE
JANUARY 1, 1903

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

AT ITS SESSION ON DECEMBER 1, 1902

ALBANY: J. B. LIPPINCOTT & COMPANY, PRINTERS, 1903.

RECEIVED JANUARY 1, 1903

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1903

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

AT ITS SESSION ON DECEMBER 1, 1902

ALBANY: J. B. LIPPINCOTT & COMPANY, PRINTERS, 1903.

RECEIVED JANUARY 1, 1903

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1903

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

AT ITS SESSION ON DECEMBER 1, 1902

ALBANY: J. B. LIPPINCOTT & COMPANY, PRINTERS, 1903.

432

52 7739

52 7739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY SLUTZKIN		2. DATE OF DEATH 8-17-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 6-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION Reverdale		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1802 E Baltimore St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Isaac		14. MOTHER'S MAIDEN NAME Fannie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Fannie Slutzkin - Same		ADDRESS	

18. **332X and 260X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

arteriosclerosis

DUE TO

years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus**years**19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **12-14**, 19**50**, to **8-17**, 19**52** that I last saw the deceased alive on **8-17**, 19**52** and that death occurred at **10 P m.**, from the causes and on the date stated above.

23A. SIGNATURE

Mary Nagel

M. D.

23B. ADDRESS

Reverdale Home

23C. DATE SIGNED

8-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**8-19-52****Oberholom****Balto****Md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

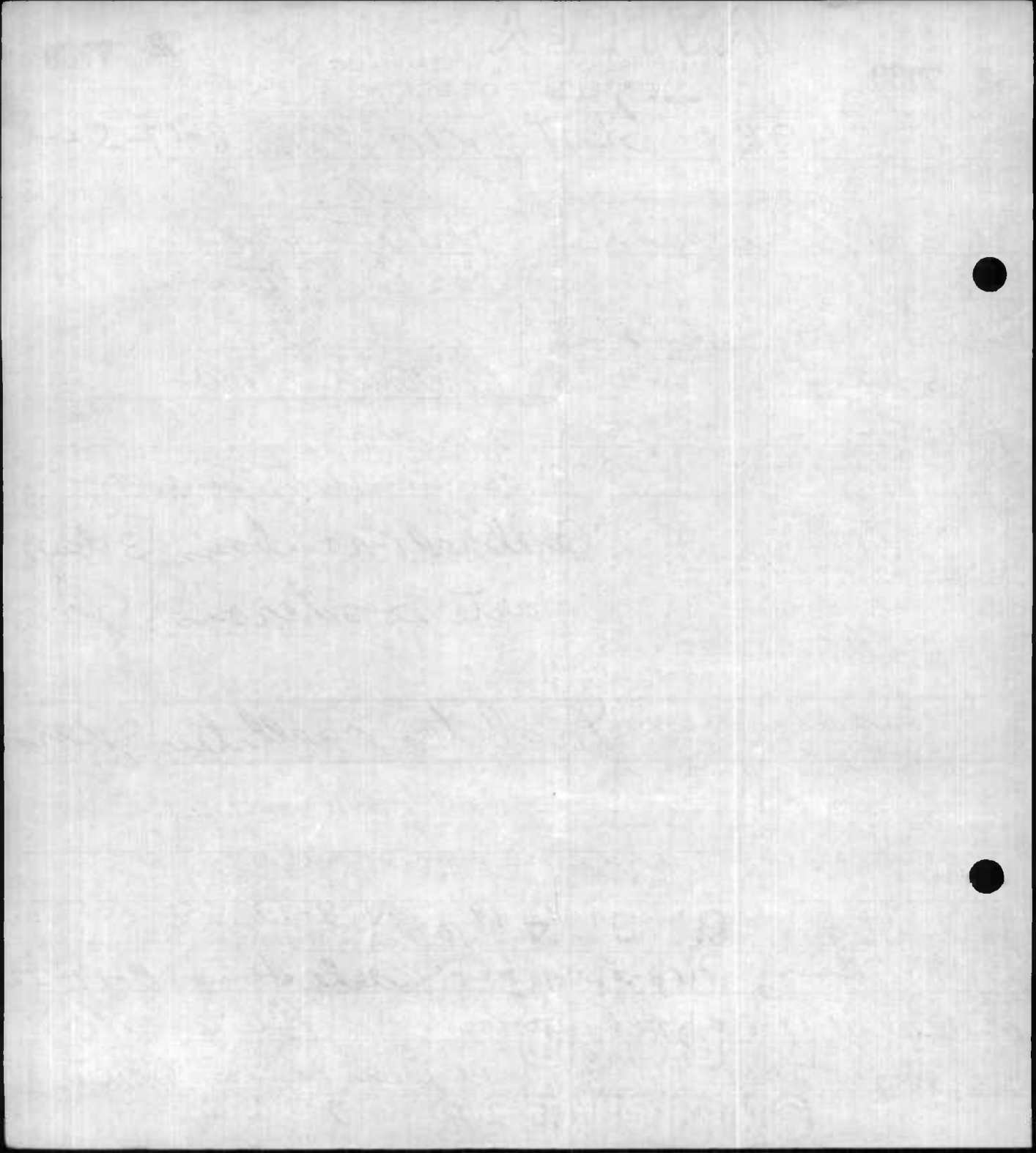
ADDRESS

AUG 19 1952**Huntington Williams****Jack Lewis Inc 2100 Catow Pl**

VS 150

1 45 2 0 0 7 7 3 5

MEDICAL CERTIFICATION



120

52 7740

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7740
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NOVICK Rae

2. DATE
OF
DEATH

8-18-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

13-01

D. STREET ADDRESS (If rural, give location)

2520 LINDEN AVE

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-11-1907

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Leva

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel Novick - Same

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

3 1/2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cancer of breast

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-1952, 19, to 8-18, 1952, that I last saw the
deceased alive on 8-18, 1952, and that death occurred at 5:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Leon Cytryn

23B. ADDRESS

M. D.

Sinai Hospital Baltimore

23C. DATE SIGNED

8-18-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-19-52

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Gt. Ave

VS 150

1560007736

MEDICAL CERTIFICATION

200

52 7741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7741

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE DUKE

2. DATE
OF
DEATH

8-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3511 Devonshire Drive

C. Length of stay in Baltimore

50 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-20

D. STREET ADDRESS (If rural, give location)

3511 Devonshire Drive

8. DATE OF BIRTH

Latona

9. AGE (In years last birthday)

68

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Latona

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Not known

17. INFORMANT

Sedney Duke - June

ADDRESS

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arterio Sclerotic Cord Vascular few years

Coronary Thrombosis 16 hours

Myocardial Infarction 16 hours

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

deceased alive on Aug 17, 1952 and that death occurred at 8P m., from the causes and on the date stated above.

23A. SIGNATURE

Alex D Weinstein

M. D.

23B. ADDRESS

4603 Park Hts Ave

23C. DATE SIGNED

8-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8-19-52

24C. NAME OF CEMETERY OR CREMATORY

Gnai Israel

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis 2100 Euterio Pl

ADDRESS

VS 150

19520007737

MEDICAL CERTIFICATION

Newstock
4600 Park Hgls
hi 5390

52 7742

VMC-160849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7742
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Kreitman

2. DATE
OF
DEATH

8-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2030 Harford Road (13)

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 9, 1874

9. AGE (In years

last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

never employed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Kreitman

14. MOTHER'S MAIDEN NAME

Christine Hartman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Records: B.C.H. 4940 Eastern Avenue

18. 420.0 and E904.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic heart disease

2 days

DUE TO

ANTECEDENT CAUSES

(B) Fracture of right hip

5 1/2 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.W. H. Williams, M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

7/9/52

19B. MAJOR FINDINGS OF OPERATION

Fracture of right hip

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2030 Harford Road (13)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

July 8, 1952 1:10a.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell in home.

22. I hereby certify that I attended the deceased from 7-8, 1952, to 8-17, 1952, that I last saw the
deceased alive on 8-17, 1952, and that death occurred at 1:20a., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Poyner, M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8/19/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

VS 150

TO BE APPROVED BY MEDICAL EXAMINER

7 7 3 0

N820.0

MEDICAL CERTIFICATION

100

200

300

400

500

52 7743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7743
Registered No.BIRTH NO. *Non Res.*

1. NAME OF DECEASED (Type or Print) BERNARD C LONG			2. DATE OF DEATH August 17, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Carroll		
b. FULL NAME OF <i>if not in hospital or institution, give street address or location</i> INSTITUTION Maryland General Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westminster		
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 20 E. George Street		
6. SEX Male	7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. DATE OF BIRTH Dec. 2 1947		10. AGE (In years last birthday) 4
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			12. BIRTHPLACE (State or foreign country) Carroll Co		13. CITIZEN OF WHAT COUNTRY? U.S.
14. FATHER'S NAME John E Long Jr.			15. MOTHER'S MAIDEN NAME Larue Shettle		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		17. SOCIAL SECURITY NO. None	18. INFORMANT ADDRESS John E Long Westminster Md		

18. **080.3**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Acute Anterior Poliomyelitis**

DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐23C. DATE SIGNED
8/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 19 1952*Huntington Williams, MD***H Bankard - Sou Westminster, Md**

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PLAT 82

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

52 7744

52 7744

BIRTH NO.

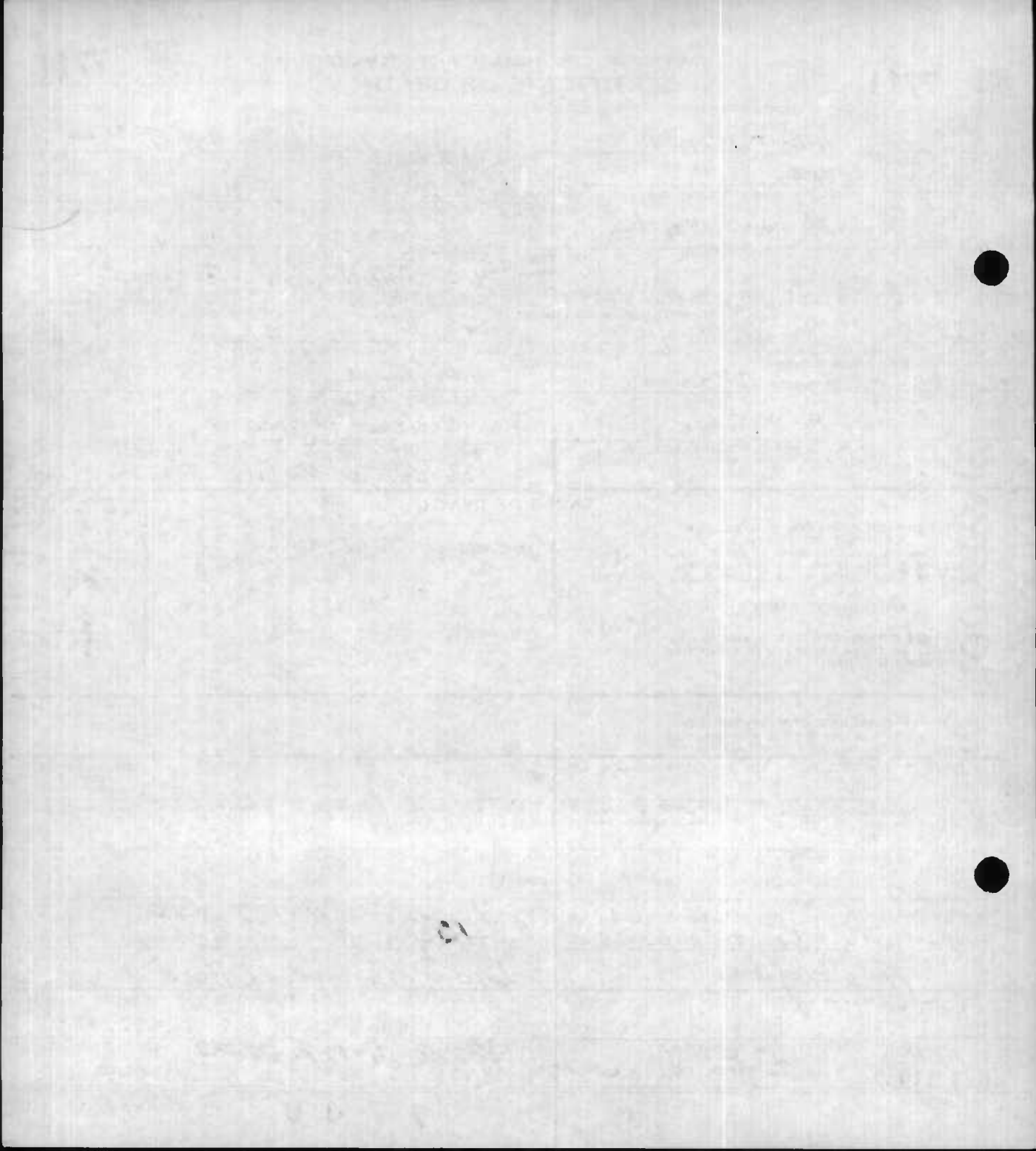
1. NAME OF DECEASED (Type or Print) <i>Albert Mendels</i>			2. DATE OF DEATH <i>Aug 17, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>15-11</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3412 Delfield Ave, Balto -15</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 8, 1895</i>		9. AGE (In years last birthday) <i>57</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman - Oil Business</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Oil Business</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Samuel E. Mendels</i>			14. MOTHER'S MAIDEN NAME <i>Zerlina Huchberger</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Brother - Joel Mendels</i>		ADDRESS <i>3412 Delfield Ave</i>

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> DUE TO (A) <i>Myocardial Infarction</i> (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Aug 17 1952</i> to <i>Aug 17 1952</i> , that I last saw the deceased alive on <i>Aug 17 1952</i> , and that death occurred at <i>1:30 p.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Al. Dugan</i>		23B. ADDRESS <i>Union Memorial Hosp</i>		23C. DATE SIGNED <i>Aug 17, 52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug. 19, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Hebrew Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Belair Rd., Balti., Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>Aug 19 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>David R. Martin, 1902 Eutaw Place, Balti., Md.</i>

MEDICAL CERTIFICATION



425.

52 7745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7745

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes Jones Wilson

2. DATE
OF
DEATH

August 15, 1962

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1221 Wilmen Ct.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female Col.

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundress

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

13. FATHER'S NAME

George Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Dec. 8, 1875

9. AGE (in years last birthday)

76

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary

17. INFORMANT

Harry A. Moody

ADDRESS 1221 Wilmen Ct.

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cardiovascular Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-34, 1951 to 8-15, 1952, that I last saw the deceased alive on 8-12, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

W. Atwell Jones

M. O.

23B. ADDRESS

3554 Dolphin

23C. DATE SIGNED

8-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/19/62

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cmr

24D. LOCATION (City, town or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

AUG 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

3224 Schenck

VS 150

12520007741

MEDICAL CERTIFICATION

35-36

RECEIVED BY THE BUREAU OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL

1918

TO THE ADJUTANT GENERAL
FROM THE ADJUTANT GENERAL
SUBJECT: [Illegible]

[The remainder of the page contains extremely faint, illegible text, likely a memorandum or report.]

300

52 7746

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7746
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma White

2. DATE
OF
DEATH

Aug 18, 1952

3. PLACE OF DEATH
A. Baltimore City, Maryland

Opler 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

17-03

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 21

D. STREET ADDRESS (If rural, give location)

815 George St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1 and 931.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

Anterograde cerebral cardiac ? 10yrs +
vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Heart stroke

4 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23-, 1952 to 8-18-, 1952 that I last saw the
deceased alive on 8-18-, 1952, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

8/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 19 1952

Huntington Williams, M.D.

Mrs Kate P. Williams

Schwartz St.

VS 150

N 981.3

19520007742

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF TEXAS

7,000 - 500 - 100

THESE RECORDS ARE THE PROPERTY OF THE
STATE OF TEXAS AND ARE NOT TO BE
REPRODUCED OR COPIED IN ANY MANNER
WITHOUT THE WRITTEN PERMISSION OF THE
COMMISSIONER OF HEALTH

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10/1/80 BY SP-6 JRS/ML

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10/1/80 BY SP-6 JRS/ML

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10/1/80 BY SP-6 JRS/ML

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna Elizabeth Turner

2. DATE
OF
DEATH

Aug. 17th., 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY City

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 638 E. 37th., Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
638 E. 37th., Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

March 2nd. 1878

9. AGE (In years last birthday)

74

10 Under 1 Year
Months Days

3 15

11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Clerk (Retired)

10B. KIND OF BUSINESS OR INDUSTRY
Balto: Transit

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Henry John Eifert

14. MOTHER'S MAIDEN NAME

Anna Worth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.
214-01-0223

17. INFORMANT ADDRESS
Mr. Jerome M. Turner-638 E. 37th. Street

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion
DUE TO Diabetes Mellitus

1 hr.
1.0 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 1950, to Aug. 17, 1952 that I last saw the deceased alive on Aug. 16, 1952 and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M.D.

23B. ADDRESS

3902 Greensand Dr.

23C. DATE SIGNED

Aug. 18, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

8-20-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

E. North Ave. Balto: Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc.-1735 Harford Avenue

ADDRESS

AUG 19 1952

VS 150

2520-3905 7743

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UNITED STATES OF AMERICA

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65-2
52 7748BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7748
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary Virginia Franklin		Aug. 15, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		a. STATE	
505 M ^{rs} Mechen St.		Maryland	
c. Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
24 yrs.		Baltimore 14-02	
5. SEX		d. STREET ADDRESS (If rural, give location)	
Female		505 M ^{rs} Mechen St.	
6. COLOR OR RACE		8. DATE OF BIRTH	
Colored		May 15, 1879	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
Married		73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Housewife		Chase, Md.	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
William C. Crispin		U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME	
		Sarah Blake	
16. SOCIAL SECURITY NO.		17. INFORMANT	
		Harry P. Franklin	
		505 M ^{rs} Mechen St.	

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) CARDIO VASCULAR DISEASE

2 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CEREBRAL HEMORRHAGE

3 MOS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from AUG 1, 1950, to AUG 15, 1952, that I last saw the deceased alive on AUG 14, 1952, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

E. William Frey

M. D.

1928 Penna Ave

8/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. GENERAL DIRECTOR

ADDRESS

AUG 15 1952

Huntington Williams, M.D.

1651 Druid Hill Ave

1977 52

1977 52



400

52 7749

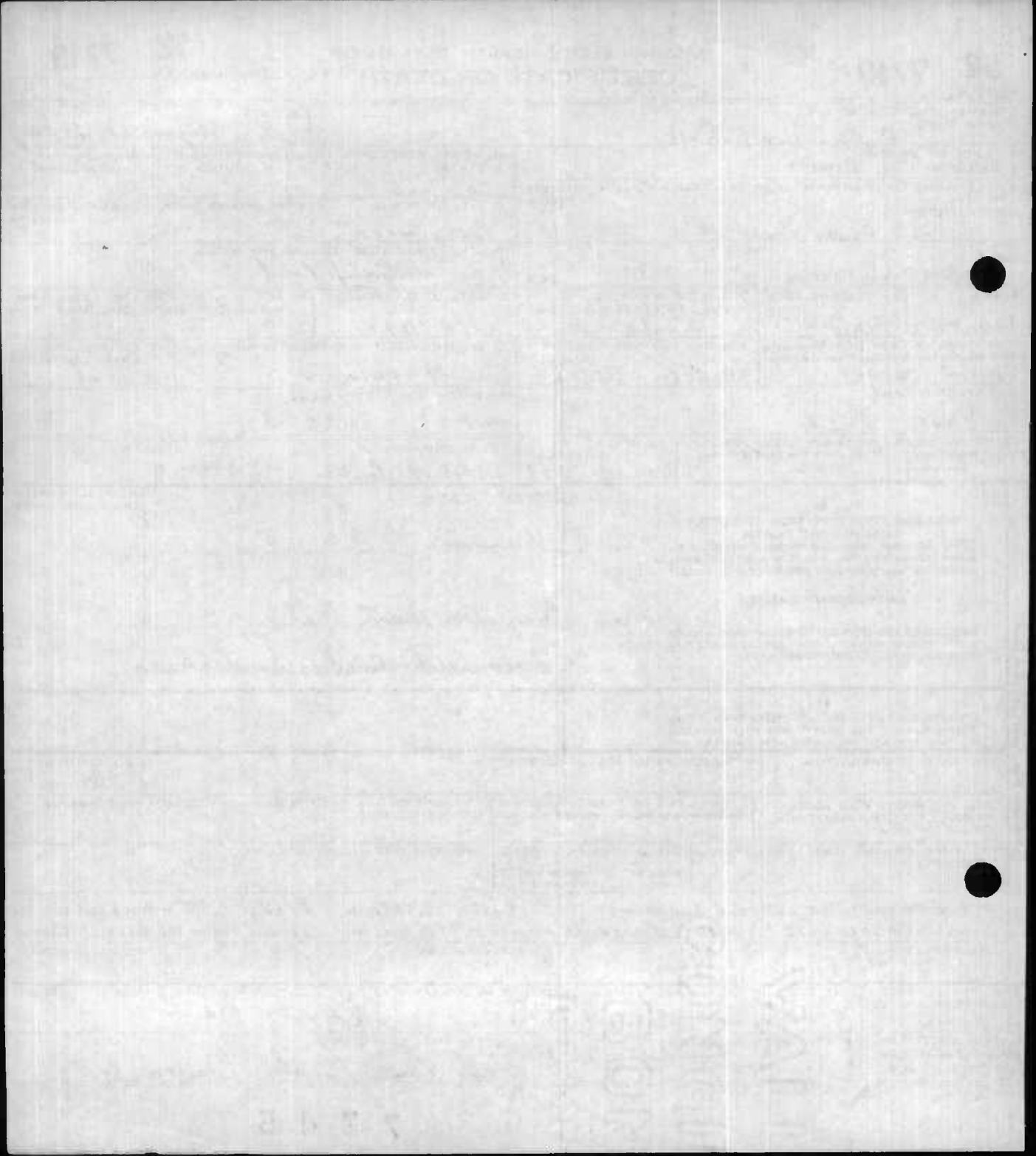
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7749
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Catherine F. Bell</i>		2. DATE OF DEATH <i>August 18, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Dundalk</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>#1 Northship Road</i>		<i>5353</i>	
C. Length of stay in Baltimore <i>32</i>		Yrs. <i>32</i> Mos. <i></i> Days <i></i>		5. SEX <i>Female</i>	
6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>7/8/1879</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CHIEF CLERK</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>SELECTIVE SERVICE</i>		9. AGE (in years last birthday) <i>73</i>	
13. FATHER'S NAME <i>DAVID BELL</i>		14. MOTHER'S MAIDEN NAME <i>MARY BERSCH</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>212-09-4257</i>		12. CITIZEN OF WHAT COUNTRY? <i>U-S.</i>	
17. INFORMANT <i>DAVID A. BELL</i>		ADDRESS <i>- SAME</i>			
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		CAUSE OF DEATH (A) <i>Uremia</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Congestive Heart Failure</i>		(B) <i>Congestive Heart Failure</i> DUE TO			
		(C) <i>Arteriosclerotic Cardio-Vascular Disease</i> DUE TO			
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>7/12</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/12</i> , 19 <i>52</i> , to <i>8/18</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8/18</i> , 19 <i>52</i> , and that death occurred at <i>4:15 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Max J. Miller</i>		23B. ADDRESS <i>M. D.</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>8-20-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>GREEN MOUNT</i>	
24D. LOCATION (City, town, or county) <i>BALTO. Md.</i>		24E. STATE <i>Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Walter Burke Bradley, Dundalk, Md.</i>	

MEDICAL CERTIFICATION

195 2280 92 7745



252

52 7750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7750
Registered No.

1. NAME OF DECEASED (Type or Print) Josephine Magness			2. DATE OF DEATH 8-16-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 20-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mersey Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE zone 23		
D. STREET ADDRESS (If rural, give location) 2005 Hollins St.			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11 MARCH 1897		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife Clerk Balto. City			11. BIRTHPLACE (State or foreign country) BALTIMORE Md		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William H. Randle			14. MOTHER'S MAIDEN NAME Josephine Applegate		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.			16. SOCIAL SECURITY NO. -		
17. INFORMANT SYDIA T. MEYERS 2005 Hollins St			ADDRESS		

18. 172X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Pulmonary Infarction		DUE TO		10-15 mins	
(B) Phlebitis, site unknown		DUE TO		5 days	
(C) Post-op - Hysterectomy		DUE TO		5 days	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Adenocarcinoma Body of Uterus** **8 months**

19A. DATE OF OPERATION 8-11-52		19B. MAJOR FINDINGS OF OPERATION Adeno Carcinoma Body of uterus		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-7**, 19**52**, to **8-16**, 19**52**, that I last saw the deceased alive on **8-16**, 19**52**, and that death occurred at **8:15 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Edward M. Baryak		23B. ADDRESS Mersey Hospital		23C. DATE SIGNED 8-16-52	
---	--	--	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Aug 19 1952		24C. NAME OF CEMETERY OR CREMATORY Truman Park		24D. LOCATION (City, town or county) (State) Baltimore, Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		FUNERAL DIRECTOR B. Shipman, 1300 Eutan Place		ADDRESS	

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52 7751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7751

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruby S. Hancock

2. DATE
OF
DEATH

8-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND.

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hosp.

C. CITY OR TOWN

CRISFIELD

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

207 MAIN ST

6932

Length of stay in Baltimore

1 DAY

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEBRUARY 7 1900

9. AGE (In years last birthday)

52

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SEAMSTRESS

10B. KIND OF BUSINESS OR INDUSTRY

HIS-NOBS. CO

11. BIRTHPLACE (State or foreign country)

POCONOKE MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

DANNY MORGAN

14. MOTHER'S MAIDEN NAME

QUEENIE MORGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

BRADSHAW FUNERAL HOME CRISFIELD MD.

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Fracture of Cervical Vertebrae

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1525 BYRD ST.

21/4

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

Aug. 17-1952 4:30 PM

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fall down stairs from 2nd to 1st floor

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

8-17-52

M.D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

AUG 20 1952

24C. NAME OF CEMETERY OR CREMATORY

SUNNYSIDE MEMORIAL PARK

24D. LOCATION (City, town, or county)

CRISFIELD

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams

25. FUNERAL DIRECTOR

ADDRESS

BRADSHAW FUNERAL HOME CRISFIELD MD.

VS 151

N805.0

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✓

MEDICAL CERTIFICATION

1. Name of deceased
2. Sex
3. Age
4. Date of birth
5. Date of death
6. Cause of death
7. Place of death
8. Signature of Registrar
9. Signature of Physician
10. Signature of Coroner

-255-

52 7752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7752
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank M. J. Gossman

2. DATE
OF
DEATH

Aug. 18-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Sinia D.O.A.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto 2-01

Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

10 S. Castle St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 6 1881 71

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Wood Work Corp

10B. KIND OF BUSINESS OR
INDUSTRY

Harrison Lumber Co.

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick Gossman

14. MOTHER'S MAIDEN NAME

Margaret Ameling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-05-1494 Margaret M Gossman 10 S. Castle St.

17. INFORMANT

ADDRESS

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Hypertensive - Cerebral

(C) ...
DUE TO

- Vascular disease -

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1/3, 1952, to 8/18, 1952, that I last saw the
deceased alive on 8/10/52, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL

AUG 22 1952

HOLY REDEEMER CEM.

4430 BELAIR RD

MD.

AUG 19 1952

Huntington Williams, M.D.

Duffield, R.D.

1800 E LOMBARD ST.

VS 150

185 2500 6P

2740

MEDICAL CERTIFICATION

2661

2100d.

535
52 7753BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7753
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) HARRISON

COY/CONDON SR.

2. DATE
OF DEATH Aug. 17, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mary Hosp.

4. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission)
A. STATE Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Bolto. #16 / 6-06D. STREET ADDRESS (If rural, give location)
959 N. Roseale St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept 24, 1890

9. AGE (In years
last birthday)

61

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baltimore Transit Co.

10B. KIND OF BUSINESS OR
INDUSTRY

Motorman

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Thomas L.W. Condon.

14. MOTHER'S MAIDEN NAME

Mary Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Mrs. Amelia Condon, wife, above

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

terminal pneumonia

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

ca of rectum

7

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Aug 1, 1952

19B. MAJOR FINDINGS OF OPERATION

ca of rectum

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1952, to Aug 17, 1952, that I last saw the
deceased alive on Aug 17, 1952, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

Mary Hosp.

23C. DATE SIGNED

Aug 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

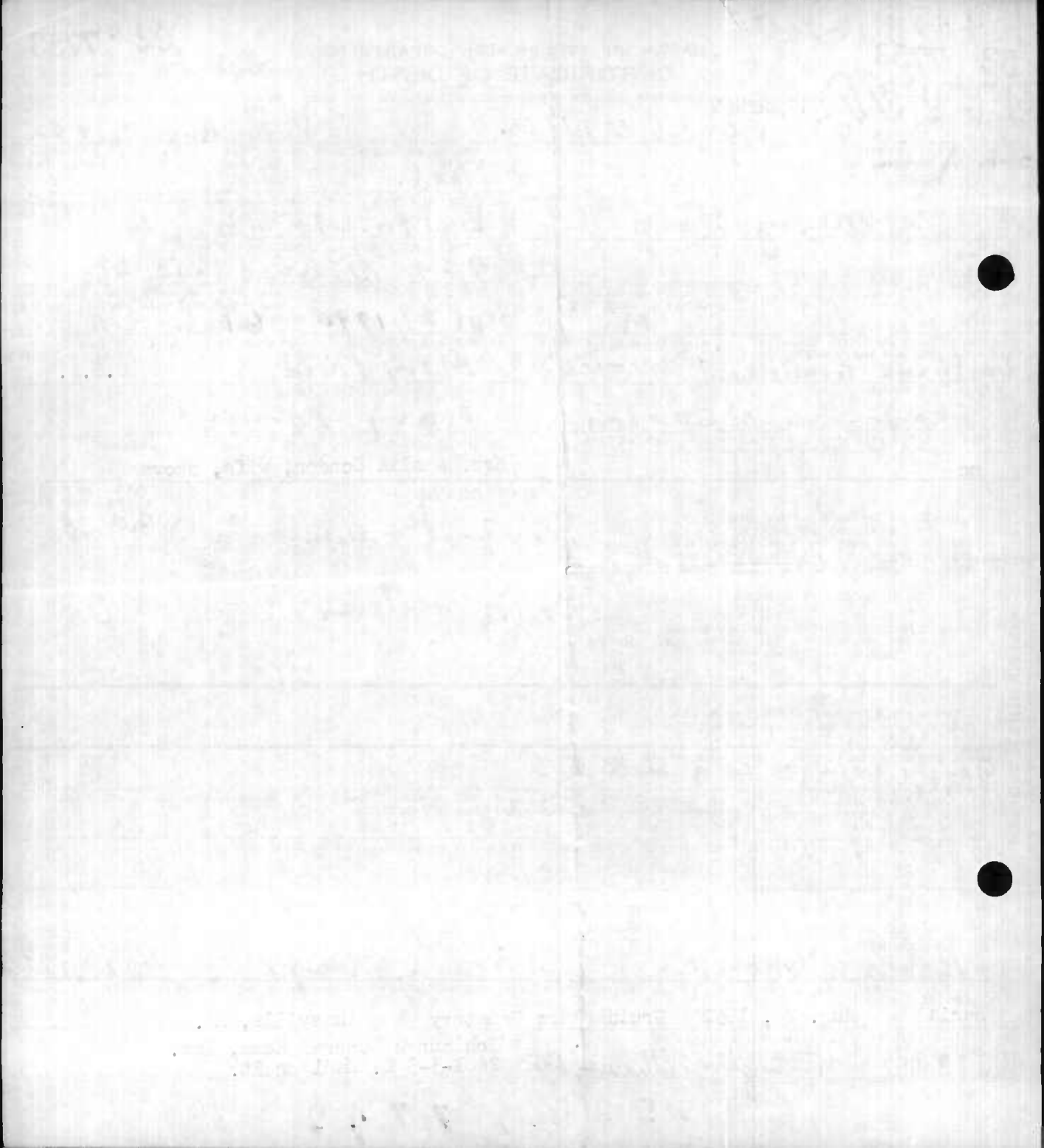
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS



5-230
52 7754BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7754
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM SCOTT		2. DATE OF DEATH 8-18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon-Wil-Ba-Suvalencia Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 1122 E. Eling St. 17-02	
5. SEX Male	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9-20-82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE in years last birthday 69
11. BIRTHPLACE (State or foreign country) Mo. S. W. I.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Samuel Scott		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-18-9511	
17. INFORMANT E. W. Selby		ADDRESS 2101 W. Gold Spring Lane	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular disease		CAUSE OF DEATH Cerebro-vascular disease	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebro-vascular disease		INTERVAL BETWEEN ONSET AND DEATH 15 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 8-18-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 5, 1952 to Aug 18, 1952 that I last saw the deceased alive on 8-18-52 and that death occurred at 6:30 P. m. , from the causes and on the date stated above.			
23A. SIGNATURE Dr. C. W. Wells		23B. ADDRESS 4100 Hammond Ave	
23C. DATE SIGNED 8-18-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 20, 1952	
24C. NAME OF CEMETERY OR CREMATORY Bush Park Cemetery		24D. LOCATION (City, town, or county) (State) Cooksville Ind.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 1200 McCulloch St. (Baltimore)	

AUG 19 1952

19520007750

127

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE

127

127

UNITED STATES OF AMERICA

DEPARTMENT OF AGRICULTURE

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UNITED STATES OF AMERICA

DEPARTMENT OF AGRICULTURE

M-460
52 7755BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7755
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY (AMOLSKY) MILLER		2. DATE OF DEATH August 17, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
b. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 3208 Hamilton Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10B. KIND OF BUSINESS OR INDUSTRY Unknown	9. AGE (In years last birthday) 63
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis Amolsky		14. MOTHER'S MAIDEN NAME Katherine Siegel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Stanley Scherr		ADDRESS 5722 Ridgedale Road	

18. **E925.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **Asphyxia**DUE TO **Hanging**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Arteriosclerotic Cardiovascular Disease**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)**home**21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)**3208 Hamilton Avenue 27/44**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**Found 8/17/52 8:50 P.m.**21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

**entangled in rope and strangled
collapsed while raising awning & became**22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
8/18/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial24B. DATE
8/20/5224C. NAME OF CEMETERY OR CREMATORY
Hebrew Friendship24D. LOCATION (City, town, or county) (State)
Baltimore, MarylandDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 19 1952**Huntington Williams, M.D.****Sol. Levinson & Bros - 1124-26 N. North Avenue**

VS 151

N991X**109520007751**

2277 8

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE

5100

OFFICE OF THE SECRETARY
WASHINGTON, D. C. 20540
MARITIME DIVISION
MARITIME SAFETY DIVISION

RECEIVED
MAR 11 1964
MARITIME SAFETY DIVISION

FROM: MARITIME SAFETY DIVISION
TO: MARITIME SAFETY DIVISION

SUBJECT: MARITIME SAFETY DIVISION
MARITIME SAFETY DIVISION

RE: MARITIME SAFETY DIVISION
MARITIME SAFETY DIVISION

DATE: MAR 11 1964
MARITIME SAFETY DIVISION

BY: MARITIME SAFETY DIVISION
MARITIME SAFETY DIVISION

FOR: MARITIME SAFETY DIVISION
MARITIME SAFETY DIVISION

THROUGH: MARITIME SAFETY DIVISION
MARITIME SAFETY DIVISION

BY: MARITIME SAFETY DIVISION
MARITIME SAFETY DIVISION

FOR: MARITIME SAFETY DIVISION
MARITIME SAFETY DIVISION

THROUGH: MARITIME SAFETY DIVISION
MARITIME SAFETY DIVISION

BY: MARITIME SAFETY DIVISION
MARITIME SAFETY DIVISION

F-455
52 7756BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7756

Registered No.

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)

William George Flemming

2. DATE
OF
DEATH

Aug. 19-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

819 W. Saratoga St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt.

D. STREET ADDRESS (If rural, give location)

819 W. Saratoga St

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Feb. 18-1886

9. AGE (in years
last birthday)

86

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sanitor

10B. KIND OF BUSINESS OR
INDUSTRY

unemployed

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

George Flemming

14. MOTHER'S MAIDEN NAME

P

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Shere Moten - 2808 Winchester St

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular disease

10 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pulmonary Tuberculosis

3 mos.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1952 to Aug 19, 1952 that I last saw the
deceased alive on Aug 18, 1952, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. Wells

M. D.

23B. ADDRESS

4100 Hammond Ave.

23C. DATE SIGNED

8-19-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-25-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county) (State)

Longgreen - Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

AUG 19 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan

VS 150

19520807756

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. DATE OF DEATH		6. TIME OF DEATH		7. PLACE OF DEATH		8. CAUSE OF DEATH		9. MANNER OF DEATH		10. SIGNATURE OF REGISTRAR		11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESS		13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF MORTUARY		15. SIGNATURE OF FUNERAL HOME		16. SIGNATURE OF BURIAL		17. SIGNATURE OF CREMATION		18. SIGNATURE OF OTHER		19. SIGNATURE OF OTHER		20. SIGNATURE OF OTHER		21. SIGNATURE OF OTHER		22. SIGNATURE OF OTHER		23. SIGNATURE OF OTHER		24. SIGNATURE OF OTHER		25. SIGNATURE OF OTHER		26. SIGNATURE OF OTHER		27. SIGNATURE OF OTHER		28. SIGNATURE OF OTHER		29. SIGNATURE OF OTHER		30. SIGNATURE OF OTHER		31. SIGNATURE OF OTHER		32. SIGNATURE OF OTHER		33. SIGNATURE OF OTHER		34. SIGNATURE OF OTHER		35. SIGNATURE OF OTHER		36. SIGNATURE OF OTHER		37. SIGNATURE OF OTHER		38. SIGNATURE OF OTHER		39. SIGNATURE OF OTHER		40. SIGNATURE OF OTHER		41. SIGNATURE OF OTHER		42. SIGNATURE OF OTHER		43. SIGNATURE OF OTHER		44. SIGNATURE OF OTHER		45. SIGNATURE OF OTHER		46. SIGNATURE OF OTHER		47. SIGNATURE OF OTHER		48. SIGNATURE OF OTHER		49. SIGNATURE OF OTHER		50. SIGNATURE OF OTHER		51. SIGNATURE OF OTHER		52. SIGNATURE OF OTHER		53. SIGNATURE OF OTHER		54. SIGNATURE OF OTHER		55. SIGNATURE OF OTHER		56. SIGNATURE OF OTHER		57. SIGNATURE OF OTHER		58. SIGNATURE OF OTHER		59. SIGNATURE OF OTHER		60. SIGNATURE OF OTHER		61. SIGNATURE OF OTHER		62. SIGNATURE OF OTHER		63. SIGNATURE OF OTHER		64. SIGNATURE OF OTHER		65. SIGNATURE OF OTHER		66. SIGNATURE OF OTHER		67. SIGNATURE OF OTHER		68. SIGNATURE OF OTHER		69. SIGNATURE OF OTHER		70. SIGNATURE OF OTHER		71. SIGNATURE OF OTHER		72. SIGNATURE OF OTHER		73. SIGNATURE OF OTHER		74. SIGNATURE OF OTHER		75. SIGNATURE OF OTHER		76. SIGNATURE OF OTHER		77. SIGNATURE OF OTHER		78. SIGNATURE OF OTHER		79. SIGNATURE OF OTHER		80. SIGNATURE OF OTHER		81. SIGNATURE OF OTHER		82. SIGNATURE OF OTHER		83. SIGNATURE OF OTHER		84. SIGNATURE OF OTHER		85. SIGNATURE OF OTHER		86. SIGNATURE OF OTHER		87. SIGNATURE OF OTHER		88. SIGNATURE OF OTHER		89. SIGNATURE OF OTHER		90. SIGNATURE OF OTHER		91. SIGNATURE OF OTHER		92. SIGNATURE OF OTHER		93. SIGNATURE OF OTHER		94. SIGNATURE OF OTHER		95. SIGNATURE OF OTHER		96. SIGNATURE OF OTHER		97. SIGNATURE OF OTHER		98. SIGNATURE OF OTHER		99. SIGNATURE OF OTHER		100. SIGNATURE OF OTHER	
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H-536

52 7757

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7757

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ada Henderson</i>		2. DATE OF DEATH <i>Aug. 18-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3113 Leeds St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3113 Leeds St 20-06.</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Mar. 20-1896</i>	9. AGE (In years last birthday) <i>56</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>Arnold Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		13. FATHER'S NAME <i>David Watts</i>		14. MOTHER'S MAIDEN NAME <i>Annie Day</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Frances Watts- 3113 Leeds St</i>	
18. <i>0-2-X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Aneurysm of Aorta (Ruptured)</i>			
DUE TO		(B)			
DUE TO		(C)			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Massive Internal Hemorrhage</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/18</i> , 19 <i>52</i> to <i>8/18</i> , 19 <i>52</i> that I last saw the deceased alive on <i>8/18</i> , 19 <i>52</i> and that death occurred at <i>10 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>RICHARD H. HUNT</i>		23B. ADDRESS <i>John H. Holmes III M. D. 927 N. Monroe</i>		23C. DATE SIGNED <i>8/18/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>8-21-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>Burial</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>		24F. LOCATION (City, town, or county) (State) <i>Arnold - Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>J. B. Johnson - Annapolis - Md</i>	

VS 150

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-374301)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a teletype or memorandum. Two punch holes are visible on the right side of the page.]

R-255
52 7758BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7758
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY Elizabeth ROSSMAN

2. DATE
OF
DEATH

August 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1439 Haubert Street

24-01

Length of stay in Baltimore

Yrs.
Mos.
DaysSEX
Female6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 7-1893

9. AGE (In years
last birthday)

59

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

C.M. Pitt

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Phila - Penn

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Burke

14. MOTHER'S MAIDEN NAME

MARY THORNTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 1439

MR. DANIEL ROSSMAN - Haubert

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
8/18/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/21/52

24C. NAME OF CEMETERY OR CREMATORY

Morland Park

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 19 1952

VS 151

Huntington Williams, M.D.

L. J. Luck

5305 Norfolk

19520207754

7-138

STATE OF TEXAS

COUNTY OF DALLAS

Know all men by these presents, that

John T. Jones

of the County of Dallas, State of Texas

do hereby certify that

the within and foregoing is a true and correct

copy of the original as the same appears

in the records of the County of Dallas,

State of Texas.

Witness my hand and seal of office this

10th day of July, 1913.

John T. Jones, County Clerk

My Comm. Expires July 1, 1915

Notary Public for the State of Texas

My Comm. Expires July 1, 1915

Notary Public for the State of Texas

My Comm. Expires July 1, 1915

Notary Public for the State of Texas

My Comm. Expires July 1, 1915

Notary Public for the State of Texas

52 7759

52 7759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Hall

2. DATE
OF
DEATH

Aug. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3023 Echodale Avenue

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3023 Echodale Avenue 27-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 5, 1884

9. AGE (In years

last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Board of Education

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Surrey, England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Hall

14. MOTHER'S MAIDEN NAME

Charlotte Hutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sarah E. Hall, 3023 Echodale

18. 177x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1950-5-22-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Prostate

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to 8-18-52, 19, that I last saw the
deceased alive on 7-23-1952 and that death occurred at 3 A m., from the causes and on the date stated above.

23A. SIGNATURE

C. W. Peake M.D.

M. D.

23B. ADDRESS

4508 Harford Rd

23C. DATE SIGNED

8-18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/20/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

AUG 19 1952

VS 150

152000233

MEDICAL CERTIFICATION

Dr. Peake

VR-435
52 7760

52 7760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARGUERITE COBB WALTON (MRS. WM. A.)		2. DATE OF DEATH AUG. 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO. CITY			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-02			
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 3311 ROSEKEMP AVE. (14)			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH MAY 1, 1895	9. AGE (in years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME JOHN THOMAS PRINCE		14. MOTHER'S MAIDEN NAME MARY MACKMULL		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS M. J. Walton - 7806 Elmhurst	

MEDICAL CERTIFICATION

18. 584.0 and 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cirrhosis of Liver DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of Cecum		?

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-15-52**, 19__, to **8-19-52**, 19__, that I last saw the deceased alive on **8-7-52**, 19__, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Harvey S. Green, Jr.		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 8-19-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/22/52		24C. NAME OF CEMETERY OR CREMATORY Louisa Park	
24D. LOCATION (City, town, or county) Balto Md		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1952		24H. REGISTRAR'S SIGNATURE Huntington Williams		24I. FUNERAL DIRECTOR DeRuck	
24J. ADDRESS 5305 Hayford		24K. ADDRESS			

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B-626
52 7761BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7761
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Brazier, Mrs. Florence May			2. DATE OF DEATH August 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 1400 N. Caroline St. #13			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1810 Swansea Rd. #14 27-38		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 24-1883	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME John S. Jeffries		
14. MOTHER'S MAIDEN NAME Anna Coleman			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Mrs. Dorothy Keeney		
18. 154x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis-primary in rectum DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION July 25, 1952			19B. MAJOR FINDINGS OF OPERATION Carcinomatosis-rectum		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from July 22 , 19 52 to August 18 , 19 52 , that I last saw the deceased alive on August 18, 1952 , and that death occurred at 9:30 PM. , from the causes and on the date stated above.		
23A. SIGNATURE J. D. Neill			23B. ADDRESS 1400 N. Caroline St. #13		
23C. DATE SIGNED August 18, 1952			24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE 8/22/52			24C. NAME OF CEMETERY OR CREMATORY Ston Haven		
24D. LOCATION (City, town, or county) (State) aacs Md			25. FUNERAL DIRECTOR Thurston Williams		
DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1952			REGISTRAR'S SIGNATURE Thurston Williams		
VS 150			25. FUNERAL DIRECTOR ADDRESS 5305 Harford Rd		

MEDICAL CERTIFICATION

19520007757

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1977 5

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C-522

52 7762

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7762
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Constantine

2. DATE
OF
DEATH

8/18/52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3802 Primrose Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3802 Primrose Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-19

D. STREET ADDRESS (If rural, give location)

3802 Primrose Avenue

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

1B. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiac Vascular

DUE TO

Nervous Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cerebral hemorrhage. 9 wks.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to 8/18, 1952, that I last saw the
deceased alive on 18 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 19 1952

Huntington Williams, M.D.

Forrest Byers 505 K. Hyatt Ave.

VS 150

19520007750

MEDICAL CERTIFICATION

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52 7763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7763

Registered No.

BIRTH NO. 52-19140		1. NAME OF DECEASED (Type or Print) BABY BOY NEUN SINGER		2. DATE OF DEATH Aug. 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 1-05			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 330 S. Patterson. Park Ave.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 8-13-52	9. AGE (In years last birthday) 9	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Giovanni Neunsinger		14. MOTHER'S MAIDEN NAME Clara Neunsinger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 776x I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) Prematurity	DUE TO	
ANTECEDENT CAUSES	(B) Cardiac-respiratory failure	DUE TO	plus.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-13-52, 1952 to 8-13, 1952 that I last saw the deceased alive on 8-13, 1952 and that death occurred at 11:20 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Martina Tirone-Cortez		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 8-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-19-52		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md			
DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Fellz & Zolner 1603 S. Wolfe Street	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7764**

52 7764

BIRTH NO.

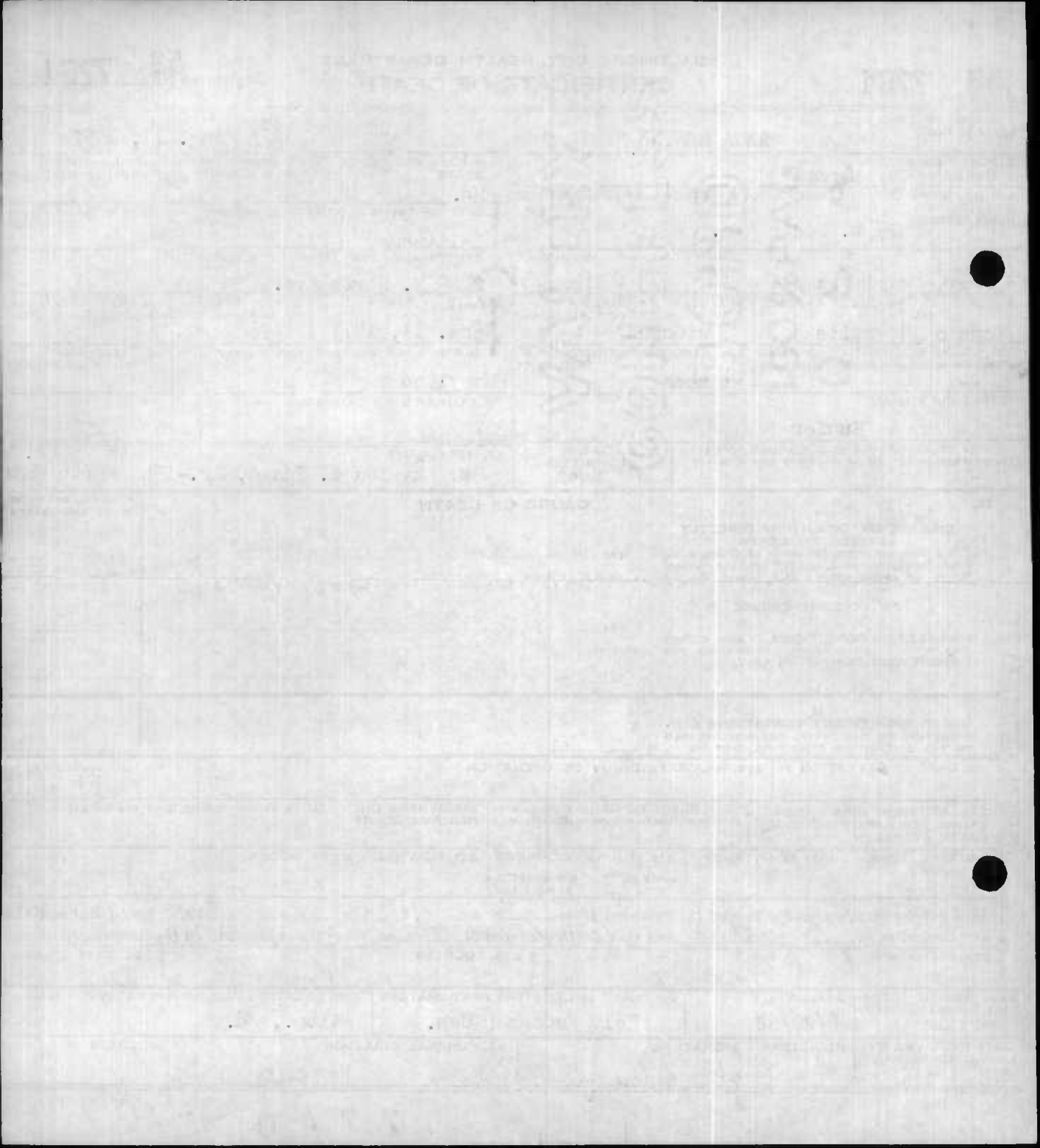
1. NAME OF DECEASED (Type or Print) ANNA REGINA PUNTE		2. DATE OF DEATH Aug. 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2425 W. North Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-03	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2425 W. North Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 11, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 78
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? Hupfer		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. none	
17. INFORMANT		ADDRESS Rd. Mr. Charles L. Punte, Sr.-1540 North Gate	

1B. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO Hypertensive C.V. disease (B) Atherosclerosis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH acute
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 4, 1948 to Aug 18, 1952 , that I last saw the deceased alive on Aug 14, 1952 , and that death occurred at 946 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE A. E. Neale		23B. ADDRESS 2314 - W. North Ave.		23C. DATE SIGNED 8/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/20/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Pickens & Sons	
VS 150				Balto., Md.	

MEDICAL CERTIFICATION

19520007760



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 7765

BIRTH NO. 52-18733

1. NAME OF DECEASED
(Type or Print)

Baby Boy Morrisette

2. DATE
OF
DEATH

August 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2127 Lodge Forrest Drive #19

Length of stay in Baltimore

50 minutes

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

August 7, 1952

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Thomas Morrisette

14. MOTHER'S MAIDEN NAME

Dorothy Louise Mattox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

2127 Lodge Forrest Drive

18. **754.4**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Congenital abnormalities of heart and vessels.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/7/52**, 19__, to **8/7/52**, 19__, that I last saw the deceased alive on **8/7/52**, 19__ and that death occurred at **10:00A.** from the causes and on the date stated above.

23A. SIGNATURE

Nathan Bloch

M. D.

23B. ADDRESS

Kedge Rd. Balt. Md.

23C. DATE SIGNED

8-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

JOHN HOPKINS MEDICAL SCHOOL AUG 19 1952

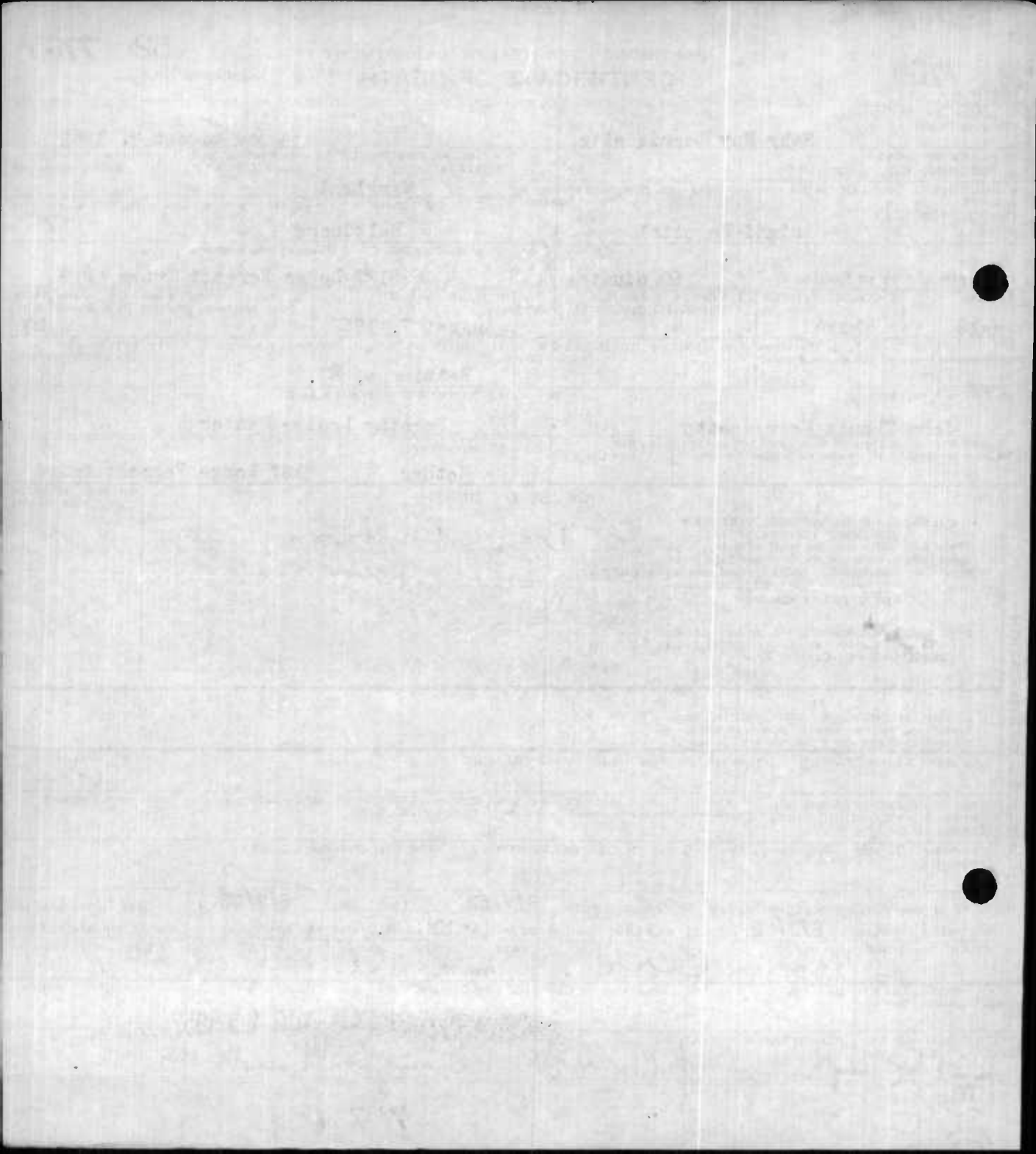
25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, MD

VS 150

52-18733-7765



620

52 7766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7766

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Charles M. Norris</i>			2. DATE OF DEATH <i>Aug 19, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if in institution; residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3005 Northway Dr.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt.</i>		
D. STREET ADDRESS (If rural, give location) <i>3005 Northway Dr.</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>Oct 17, 1867</i>	9. AGE (In years, last birthday) <i>84</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Accountant</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Custom House</i>		
11. BIRTHPLACE (State or foreign country) <i>MORRISVILLE, N.C.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>William Norris</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Payne</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>Mr. Gladys Gillette</i>			ADDRESS <i>Same</i>		
18. <i>332X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Coronary thrombosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Generalized arteriosclerosis</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>6 wks</i> <i>?</i>		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>January</i> , 1952, to <i>Aug 19, 1952</i> , that I last saw the deceased alive on <i>Aug 19, 1952</i> and that death occurred at <i>3:50 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Gillette</i>		23B. ADDRESS <i>6217 Harford Rd</i>		23C. DATE SIGNED <i>8/17/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-22-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Centre</i>	
24D. LOCATION (City, town, or county) (State) <i>New Park Pa</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>Mildred J. Blight 6009 Harford Rd</i>	
VS 150					

MEDICAL CERTIFICATION

D-463
52 7767BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7767
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
PETER DELARDAS		August 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		A. STATE Maryland	
C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 901 Eastern Avenue	
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		6. DATE OF BIRTH Feb. 1898	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		9. AGE (In years last birthday) 54	
8. SEX Male		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
11. BIRTHPLACE (State or foreign country) Greece		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Kyriakos		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes 1st World War		16. SOCIAL SECURITY NO.	
17. INFORMANT Gust Monologlou		ADDRESS 2201 Eastern	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
(A) Craniocerebral Injury DUE TO			
(B) DUE TO			
(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Old Annapolis Road and Belle Grove Rd.		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 8/18/52 12:30 A.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Passenger in auto that struck pole	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE B. J. Fisher	
23B. CHIEF MEDICAL EXAMINER..... M.D.		23C. DATE SIGNED 8/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-20-52	
24C. NAME OF CEMETERY OR CREMATORY Greek Cem		24D. LOCATION (City, town, or county) (State) Baltimore Md	
25. FUNERAL DIRECTOR Lambros Funeral Home Inc		ADDRESS 4401 E. North ave.	
DATE RECEIVED BY AUG 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	

MEDICAL CERTIFICATION

VS 151

7587 2

STATE OF OHIO

1901

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1901

160

52 7768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7768
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick W. Weber

2. DATE
OF
DEATH

August 19-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2015 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City 2-03

D. STREET ADDRESS (If rural, give location)

2015 Eastern Ave

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 3-1873

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salvage

10B. KIND OF BUSINESS OR
INDUSTRY

Land Balto. Office

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Fred Weber

14. MOTHER'S MAIDEN NAME

✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

219-01-9007

17. INFORMANT

ADDRESS

anna C. Mills 2015 Eastern Ave

18. 141X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma base of tongue

1750

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., home or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1951, to Aug. 19, 1952, that I last saw the
deceased alive on Aug. 9, 1952, and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

426 S. Calhoun Ph Ave.

8/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Aug 23-1

Oak Hill Cem.

Balto. City Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 20 1952

Huntington Williams, M.D. 2007 Eastern Ave

18520007764

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

1917

STATE OF NEW YORK

DEPARTMENT OF HEALTH

CITY OF NEW YORK

DEATH

1917

DEPARTMENT OF HEALTH

CITY OF NEW YORK

DEATH

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DEPARTMENT OF HEALTH

CITY OF NEW YORK

DEATH

1917

DEPARTMENT OF HEALTH

CITY OF NEW YORK

DEATH

1917

DEPARTMENT OF HEALTH

CITY OF NEW YORK

DEATH

220

52 7769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7769

Registered No.

1. NAME OF DECEASED (Type or Print) Ida Hughes			2. DATE OF DEATH Aug. 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY City C. CITY OR TOWN Baltimore, Maryland. 14-01 D. STREET ADDRESS (If rural, give location) 1913 Eutaw Place		
5. SEX Female			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH April 1857		
9. AGE (In years last birthday) 94			10. AGE (In years last birthday) 5		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 1913 Eutaw Pl		
17. INFORMANT Twilight Nursing Home, Balti. Md.			ADDRESS 1913 Eutaw Pl		
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) generalized arteriosclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. senility.			INTERVAL BETWEEN ONSET AND DEATH sev yrs. 1 yr		
19A. DATE OF OPERATION 8-14			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-19-1949 , to 8-15-1952 , that I last saw the deceased alive on 8-14-1952 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE E. M. Morris		23B. ADDRESS 2431 MARYLAND AVE		23C. DATE SIGNED * L 8-19-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/20/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (State) Md			
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR David B. Martin	
				ADDRESS 1902 Eutaw place	

VS 150

19520007765

MEDICAL CERTIFICATION

1952

CERTIFICATE OF DEATH

1952



416
52 7770BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7770

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN OLIVER			2. DATE OF DEATH July 23, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) Chelsea Hotel 331 N. Howard		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH N	9. AGE (In years last birthday) 50?	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY K	11. BIRTHPLACE (State or foreign country) N		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME O		14. MOTHER'S MAIDEN NAME W			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) W		16. SOCIAL SECURITY NO. N		17. INFORMANT ADDRESS	

18. 241X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic bronchial asthma

10296

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular disease

10296

(C) Hyperthermia

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

M.D.

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

July 23, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR
AUG 28 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL AUG 13 1952

Huntington Williams, M.D. Huntington Williams, M.D.

SAINT LOUIS CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH

352
52 7771

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 7771

1. NAME OF DECEASED (Type or Print) GEORGE GITTINGS			2. DATE OF DEATH July 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE G B. COUNTY Baltimore C. CITY OR TOWN K D. STREET ADDRESS (If rural, give location) 0 No		
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			6. DATE OF BIRTH U N 45?		
7. SEX male			8. AGE (In years last birthday) 45?		
9. COLOR OR RACE colored			10. UNDER 1 Year Months: Days		
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			12. UNDER 24 Hours Hours: Min.		
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			14. BIRTHPLACE (State or Foreign country) N		
15. KIND OF BUSINESS OR INDUSTRY			16. CITIZEN OF WHAT COUNTRY?		
17. FATHER'S NAME Unknown			18. MOTHER'S MAIDEN NAME W		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			20. SOCIAL SECURITY NO.		
21. INFORMANT N			22. ADDRESS		

18. **E902.3**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of skull with intracranial injury**
— DUE TO —

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
street21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Water St. & Market Place 4-1

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

July 17, 1952 3:00 A.M.**WHILE AT WORK ☒ NOT WHILE AT WORK ☐****Unloading truck of produce, fell to pavement**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

J. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED **July 18, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL AUG 13 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

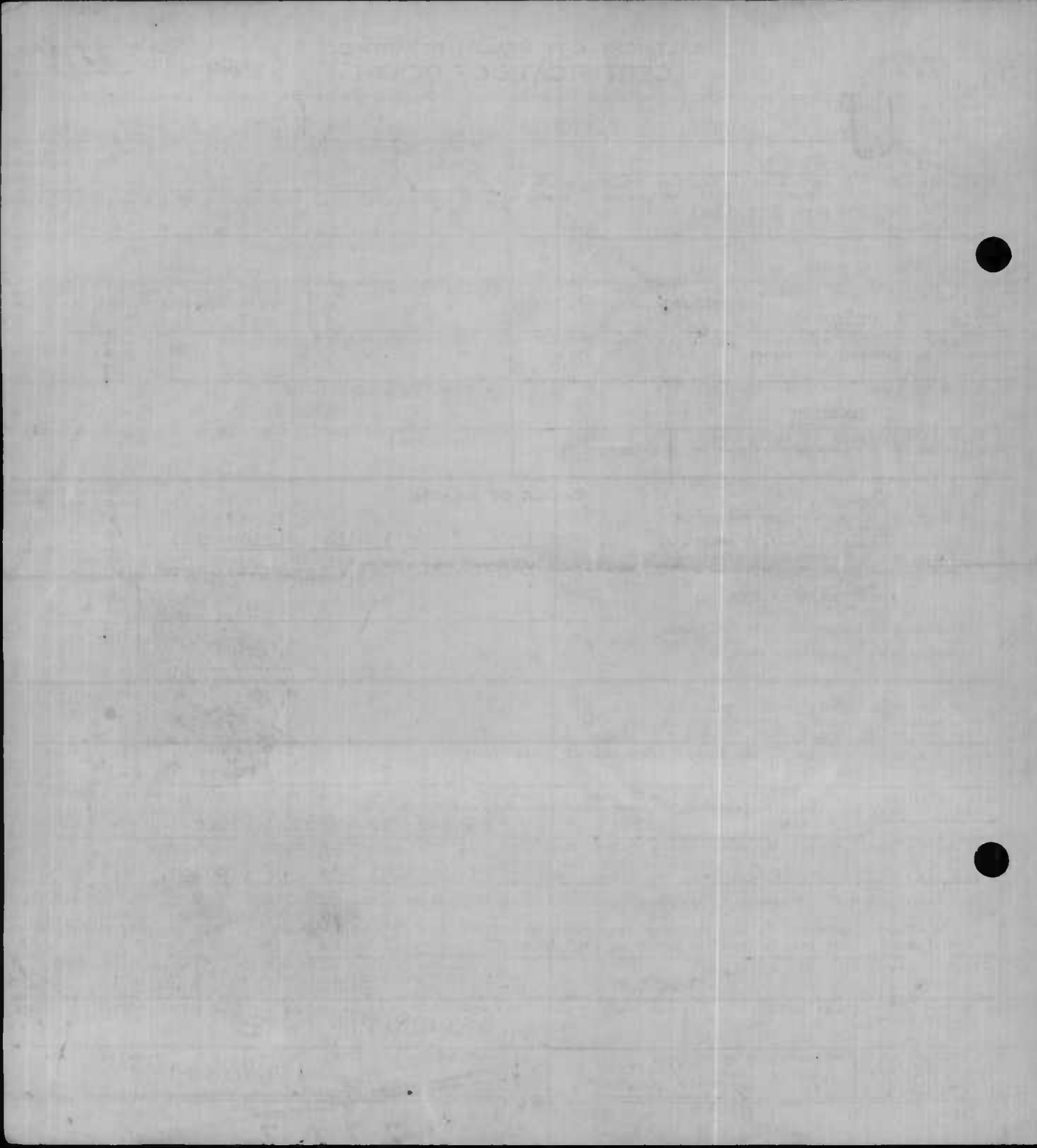
25. FUNERAL DIRECTOR

ADDRESS

AUG 20 1952**Huntington Williams, M.D.****Huntington Williams, M.D.**

VS 151

N 803.2**1 5 2 8 9 9 7 7 6 7**



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7772**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLIFFORD ROLAND		2. DATE OF DEATH August 1, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 2-01	
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 200 S. Washington Boulevard	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 55	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) U	
13. FATHER'S NAME UNKNOWN		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME N	
16. SOCIAL SECURITY NO.		17. INFORMANT W	
		ADDRESS	

18. 330x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Rupture of congenital aneurysm of circle of Willis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
(A) Rupture of congenital aneurysm of circle of Willis		
(B) DUE TO		
(C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *R. B. Fisher* M.D. 23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED **August 1, 1952**
ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY **UNIVERSITY MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) (State) **AUG 18 1952**

DATE RECEIVED BY LOCAL REGISTRAR **AUG 20 1952** REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Huntington Williams, M.D.* ADDRESS ☒

650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7773
Registered No.

1. NAME OF DECEASED (Type or Print) FRANK BROWN		2. DATE OF DEATH 8/16/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			
C. LENGTH OF STAY IN BALTIMORE Several Years			
S. SEX M	6. COLOR OR RACE C	7. <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 1014 E. St Sparrows Pt Md B. COUNTY Calver C. CITY OR TOWN 5300 D. STREET ADDRESS (If rural, give location) 1014 E. St Sparrows Pt Md
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Seaman	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Mamie Cottrell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 213-07-4070	
17. INFORMANT Ben Sawyer Detroit Mich		ADDRESS	
18. 330X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Sub-Arachnoid Hemorrhage DUE TO Ruptured aneurysm C.V.A. & Hypertension			
INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 8/10 , 1952 to 8/16 , 1952, that I last saw the deceased alive on 8/16 , 1952, and that death occurred at 12:30 AM , from the causes and on the date stated above.			
23A. SIGNATURE Ray Payer		23B. ADDRESS University Hospital	
23C. DATE SIGNED 8/16/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 20 1952	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. Calver Md		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR 106 20 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR 1070 99 7 6 0		ADDRESS	

MEDICAL CERTIFICATION

520

52 7774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7774

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edith Wynne Jones (Miss)</i>		2. DATE OF DEATH <i>8/18/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>—</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>UNION Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-14</i>	
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>4836 Keswick Road</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>MAY 1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Reg. Nurse</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hospital</i>	9. AGE (in years, last birthday) <i>65</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>J. Wynne Jones</i>		14. MOTHER'S MAIDEN NAME <i>Helen Anna Harvey</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>Unknown</i>	16. SOCIAL SECURITY NO. <i>215-32-0932</i>	17. INFORMANT <i>Sisters</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		ADDRESS <i>4836 Keswick Rd. 10,</i>	

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Cerebrovascular Accident</i> (B) <i>Hypertensive Cardio-Vascular Disease</i> (C) <i>Diabetes Mellitus</i>	CAUSE OF DEATH <i>83 days</i> <i>? 2 yrs.</i> <i>14 1/2 yrs.</i>
INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>MAY 27</i> , 1952, to <i>AUG. 18</i> , 1952, that I last saw the deceased alive on <i>AUG. 18</i> , 1952, and that death occurred at <i>9 P. m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Louise Schnaufer</i>	23B. ADDRESS <i>Union Memorial Hosp.</i>	23C. DATE SIGNED <i>8-18-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>8/22/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Princeton Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Princeton, N.J.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 20 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>	ADDRESS <i>BALTO., 13, MD.</i>
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VS 150

5058 PT 0 7 7 7 *Sey. V. Sander*

MEDICAL CERTIFICATION

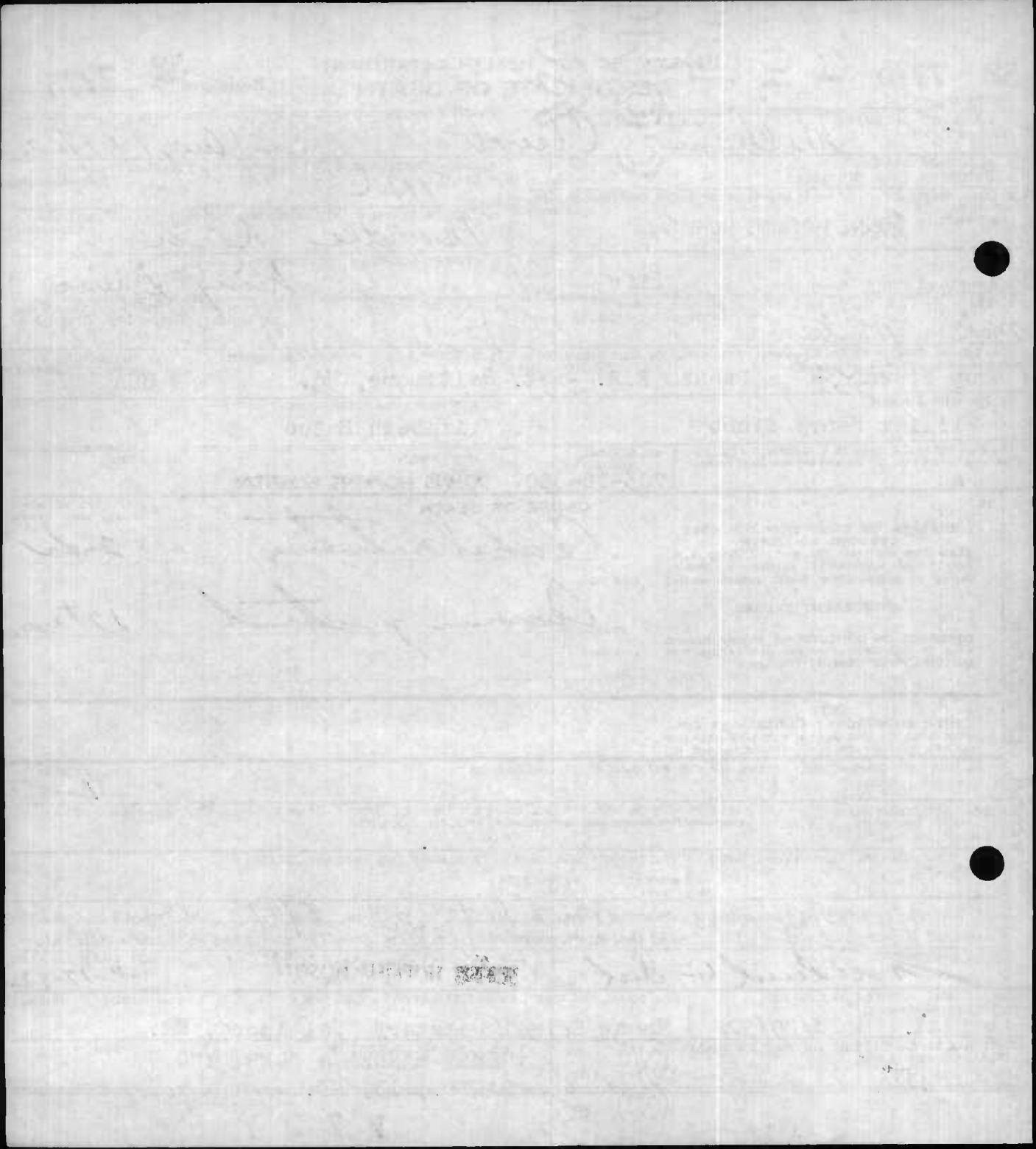
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BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		William Clifton Clubb		Aug 17 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE Md B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middle River	
C. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 2 Left Wing Drive	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 12-11-80	9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop Steward		10B. KIND OF BUSINESS OR INDUSTRY Penna R.R. -ret.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME William Henry Clubb				12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 705-10-8807		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 151X I CAUSE OF DEATH (A) Cerebral metastases DUE TO (B) Cancer, stomach DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2 wks 12 mos					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/14 1952 to 8/17 1952, that I last saw the deceased alive on 8/17 1952, and that death occurred at 12 PM, from the causes and on the date stated above.					
23A. SIGNATURE A. Redmond M.D.				23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED 8-17-52					
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 8/20/52		24C. NAME OF CEMETERY OR CREMATORY Mount Carmel Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	

MEDICAL CERTIFICATION



420
52 7776BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7776

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES THOMAS BLAKE

2. DATE
OF
DEATH

August 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Public Health Service
INSTITUTION Hospital

Lymman Pk. Drive & 31st Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/11/88

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Blake

14. MOTHER'S MAIDEN NAME

Mary Mc Donald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

16. SOCIAL
SECURITY NO.

WWI- USN

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Nephrosclerosis, severe, with
uremia (56 mg %)

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

Unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1952, to Aug. 19, 1952 that I last saw the
deceased alive on Aug. 19, 1952 and that death occurred at 9:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Hunter, Medical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

8/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

P. 22. 54

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Nat

24D. LOCATION (City, town or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

AUG 20 1952

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THE STATE OF TEXAS
COUNTY OF DALLAS

1977

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 7777

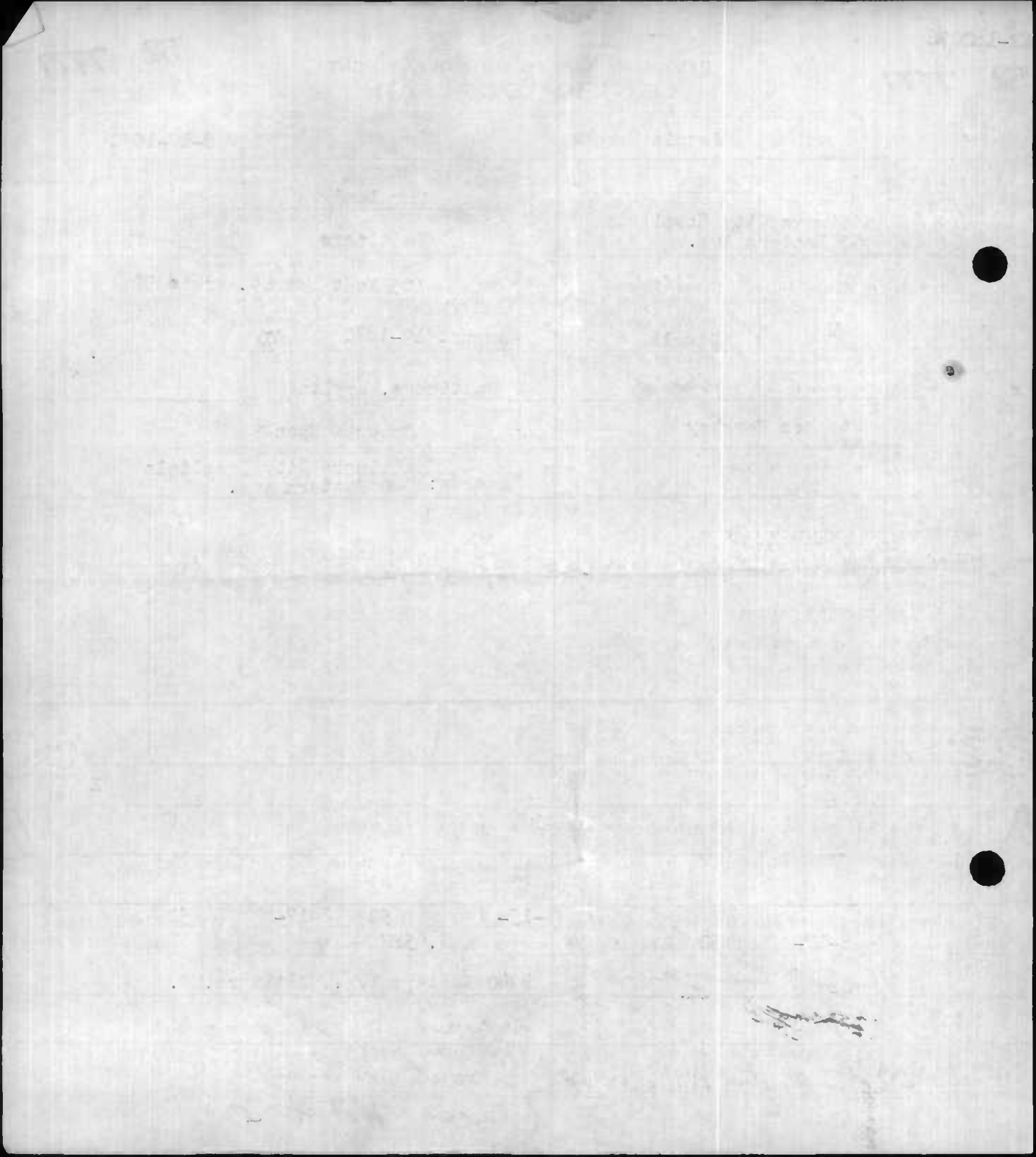
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Jennie Hershey		2. DATE OF DEATH 8-17-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-01	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 105 West Lee St. zone 30	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH August 19-1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY House	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Stephen Hershey		14. MOTHER'S MAIDEN NAME Roberta Ryan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals		ADDRESS Records: 4940 Eastern Ave.	

18. 199.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized cancer involving lungs, kidneys, liver		INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO (A) _____		
DUE TO (B) _____		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8-15- , 19 52 , to 8-17- , 19 52 , that I last saw the deceased alive on 8-17- , 19 52 , and that death occurred at 9:05 PM , from the causes and on the date stated above.				
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) B.	24B. DATE 8-21-52	24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN	24D. LOCATION (City, town, or county) (State) BALTO.
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD.	25. FUNERAL DIRECTOR Geo L. L. Lacey ADDRESS 130 E. FRONT ST.



CERTIFICATE CORRECTED

8-28-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

52 7778

52 7778

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Catherine Higgins			2. DATE OF DEATH Aug 19 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE 203 Pontiac Ave B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 203 Pontiac Ave at Home			C. CITY OR TOWNSHIP (If outside corporate limits, write RURAL and give township) Baltimore 25-45-04		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 22, 1889	9. AGE (In years last birthday) 62 1/2	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John McNally			14. MOTHER'S MAIDEN NAME Anna C. McNally (Feekley)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 211 Pontiac St. Bldg. 25		

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary occlusion**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive Cardiovascular disease, severe**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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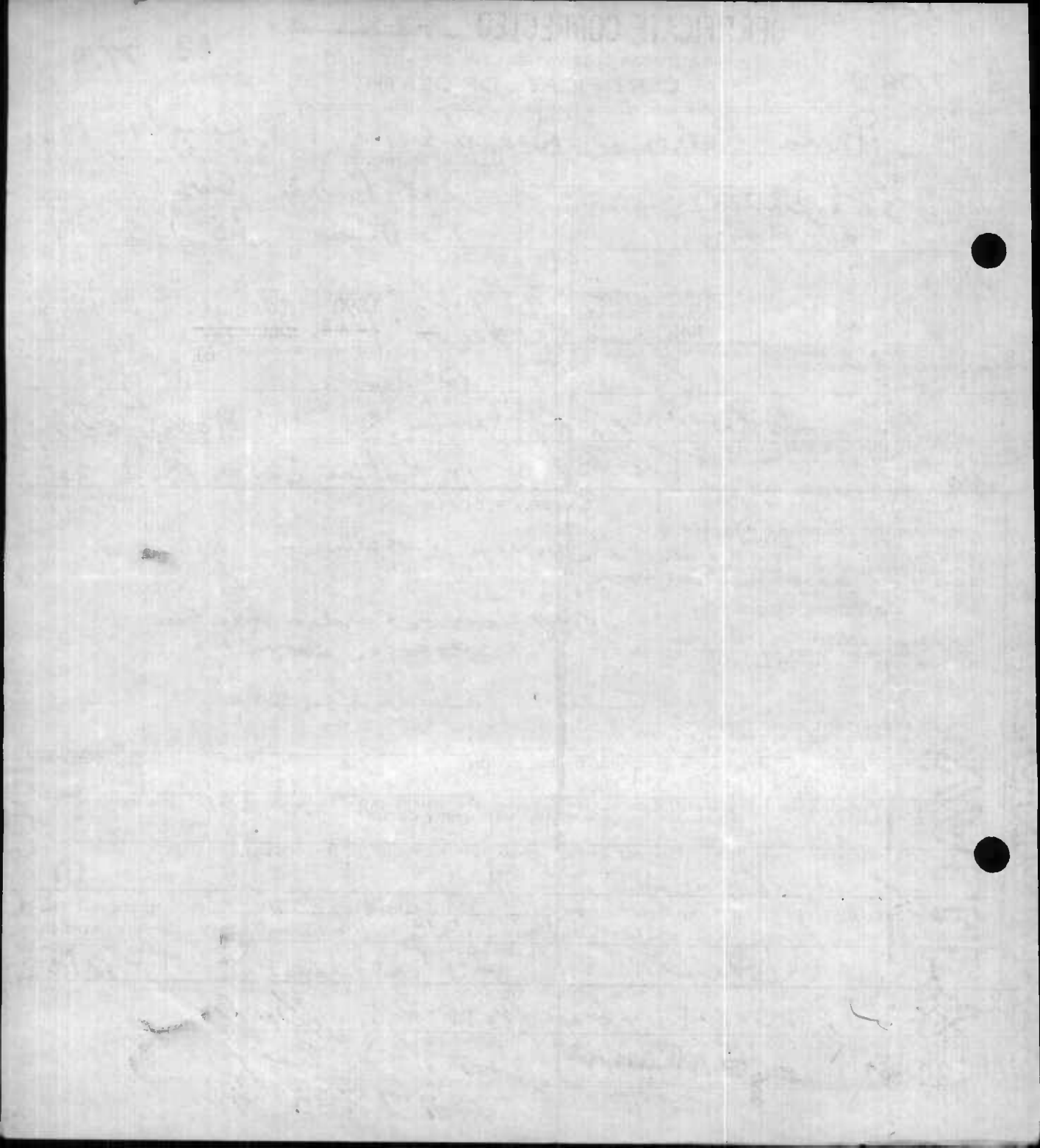
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/18 1952** to **8/19 1952**, that I last saw the deceased alive on **8/18 1952**, and that death occurred at **9:15** m., from the causes and on the date stated above.

23A. SIGNATURE Harry Cohen	23B. ADDRESS 803 Cathedral St	23C. DATE SIGNED 8/19/52
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 8.23.52	24C. NAME OF CEMETERY OR CREMATORY Holy Cross	24D. LOCATION (City, town, or county) (State) Baltimore
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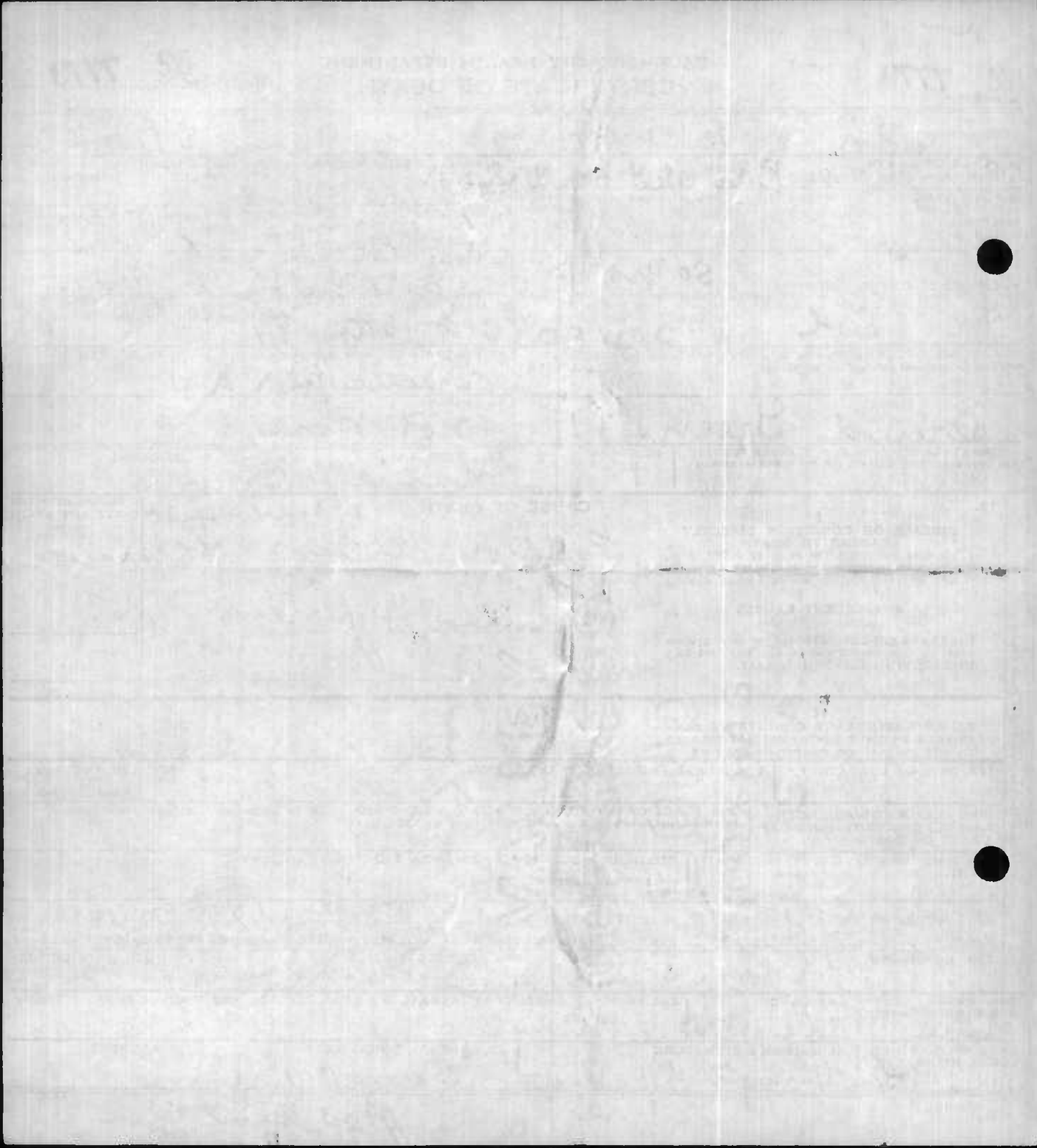
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1952	REGISTRAR'S SIGNATURE Walter H. Williams, M.D.	25. FUNERAL DIRECTOR Geo. L. Kelly	ADDRESS 1307 E. Fort Ave.
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660
52 7779BREWER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7779

1. NAME OF DECEASED (Type or Print) Sarah Brewer		2. DATE OF DEATH 8/16/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Bar Will Bar Home		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-05	
c. Length of stay in Baltimore 50 yrs		D. STREET ADDRESS (If rural, give location) 813 N. Wolfe St.	
5. SEX F	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Oct 10th 89
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 62
11. BIRTHPLACE (State or foreign country) Greensville VA		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Orvid Green		14. MOTHER'S MAIDEN NAME not none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Maxie Brewer		ADDRESS	
1B. 443x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH 813-n-wolf st Cardio Vascular Disease? DUE TO Arterial Hypertension, etc? ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			
22. I hereby certify that I attended the deceased from Aug 2, 1952 to Aug 17, 1952, that I last saw the deceased alive on Aug 15, 1952, and that death occurred at 10P m., from the causes and on the date stated above.			
23A. SIGNATURE J. H. Johnson		23B. ADDRESS 403 N. Calverly	
23C. DATE SIGNED 8/17/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 18th/52	
24C. NAME OF CEMETERY OR CREMATORY Mt Calverly		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Brody & Wilson		ADDRESS	



426
52 7780
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7780
Registered No.

1. NAME OF DECEASED (Type or Print) EDWARD WALKER		2. DATE OF DEATH August 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1825 Jefferson Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5/1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 31 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Prince Albert, Canada	
13. FATHER'S NAME Preston Walker		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Jane Walker		17. INFORMANT Lois Walker Daughter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

18. **443X** I CAUSE OF DEATH **1825 Jefferson St**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Hypertensive Heart Disease**
DUE TO

ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 8/18/52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Aug 20th/52	24C. NAME OF CEMETERY OR CREMATORY Arborea	24D. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY Aug 20 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elroy O. Wilson	ADDRESS
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ESTIMATE OF DEATH

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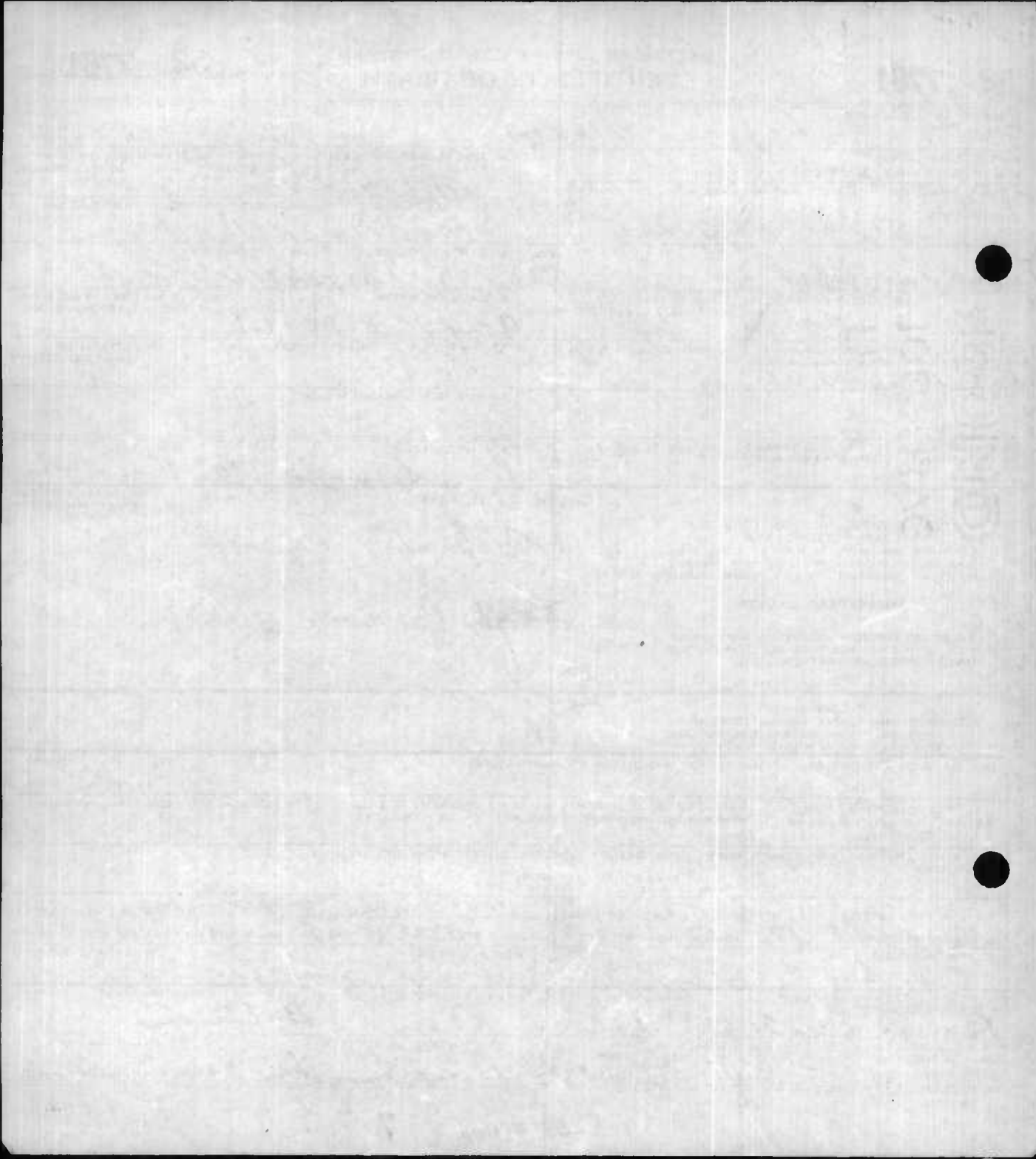
152
52 7781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7781
Registered No. 7781

1. NAME OF DECEASED (Type or Print) <i>Roger Robinson</i>		2. DATE OF DEATH <i>8-18-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>SINAI HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 7-03</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>704 PATTERSON PK. AVE</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	B. DATE OF BIRTH <i>April 29/1891</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fire Inspector</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		9. AGE (in years last birthday) <i>61</i> 11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
17. INFORMANT <i>Leah Selander</i>		ADDRESS <i>2908 Page Drive</i>	
18. <i>163X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarct</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of Lung</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-11</i> , 1952, to <i>8-18</i> , 1952, that I last saw the deceased alive on <i>8-18</i> , 1952, and that death occurred at <i>5:45 PM</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>John F. Bluff</i>		23B. ADDRESS <i>Sinai Hospital</i>	
23C. DATE SIGNED <i>8-19-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Aug 21/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Pullard & Son</i>		ADDRESS <i>2004 Calveans</i>	

19520207777



BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7782

1. NAME OF DECEASED
(Type or Print)

ARTHUR H. SMITH

2. DATE
OF
DEATH

August 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1106 Druid Hill Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Aug. 4, 1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Alexander Smith

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alice Smith 1106 Druid Hill

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
8/18/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-21-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Traugott K. Kender 5780

VS 151

Blinden

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52 7783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 7783

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Wachter (male)

2. DATE
OF
DEATH

8/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

Yrs.
Mos.
Days

4. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE B. COUNTY

Md. 643 S. Rappolla

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-05

D. STREET ADDRESS (If rural, give location)

613 S. Rappolla St.

8. DATE OF BIRTH

8/19/52

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Matthew F. Wachter, 613 Rappolla St.

18. 759.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Congenital abnormalities

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cardiac-resp. failure

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m. WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16/52 to 8/19/52, that I last saw the deceased alive on 8/19/52, and that death occurred at 10 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 20 1952

Huntington W. Haines, Jr.

Wm. Cook, Inc., 1217 S. Paul St.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7784**

52 7784
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs Viola O. Johnson		2. DATE OF DEATH 8-19-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and _____) Baltimore	
6. Length of stay in Baltimore 30 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5506 Stonington Ave	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 26, 1902
9. AGE (In years last birthday) 50		10. UNDER 1 Year Months Days	11. UNDER 24 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME George R. Barnes		12. MOTHER'S MAIDEN NAME Annie Horsey	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		14. SOCIAL SECURITY NO. None	
15. ADDRESS		16. INFORMANT Percy B. Johnson	
17. CAUSE OF DEATH		18. INTERVAL BETWEEN ONSET AND DEATH	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Central vascular accident DUE TO Hypertensive a.v. disease		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21A. DATE OF OPERATION		21B. MAJOR FINDINGS OF OPERATION	
22. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		23. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
26. TIME (Month) (Day) (Year) (Hour) INJURY		27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
28. HOW DID INJURY OCCUR?		29. I hereby certify that I attended the deceased from 8-18 , 19 52 to 8-19 , 19 52 that I last saw deceased alive on 8-19 , 19 52 , and that death occurred at 8:55 Am. , from the causes and on the date stated above.	
30. SIGNATURE George J. Stein		31. ADDRESS St. Agnes Hospital	
32. DATE SIGNED 8-19-52		33. NAME OF CEMETERY OR CREMATORY Liquid Ridge	
34. LOCATION (City, town, or county) Pikesville Md.		35. DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1952	
36. REGISTRAR'S SIGNATURE Huntington Williams		37. FUNERAL DIRECTOR W. Howard Strong	
38. ADDRESS 3207 W North Ave		39. _____	

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52 7785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7785
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH
8/19/52
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.
B. COUNTY
11-04C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.D. STREET ADDRESS (If rural, give location)
901 Druid Hill Ave.

8. DATE OF BIRTH

Feb. 22, 1888

11. BIRTHPLACE (State or foreign country)

Maryland

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Betty Diggs-901 Druid Hill Ave

ADDRESS

CAUSE OF DEATH

Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15/1952 to 8/19/1952, that I last saw the deceased alive on 8/18/1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150.

MEDICAL CERTIFICATION

UG 20 1952

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RECEIVED - CIVILIAN SERVICE UNIT
CERTIFICATE OF DEATH



300

52 7786

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7786
Registered No.

1. NAME OF DECEASED (Type or Print) MRS. PEARL WHEAT		2. DATE OF DEATH 8/19/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTO. B. COUNTY MD.	
5. FULL NAME OF HOSPITAL OR INSTITUTION BON SECOURS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-02	
6. Length of stay in Baltimore 38		D. STREET ADDRESS (If rural, give location) 1154 W. HAMBURG ST.	
5. SEX FEMALE.	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9/19/92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY at Home	9. AGE (in years last birthday) 59
13. FATHER'S NAME ALFRED WALBERT		11. BIRTHPLACE (State or foreign country) Rock Hall MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. -		14. MOTHER'S MAIDEN NAME MARY COPPER	
17. INFORMANT MR. WILMER WHEAT		ADDRESS 1154 W. HAMBURG ST.	
18. 570.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) GENERALIZED PERITONITIS		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO ANTECEDENT CAUSES			
DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		ARTERIOSCLEROSIS; CIRRHOSIS OF LIVER; CHOLECYSTITIS & CHOLELITHIASIS.	
19A. DATE OF OPERATION 8/18/52	19B. MAJOR FINDINGS OF OPERATION Ruptured Ileum - Gangrene of Small Bowel - Ulcers		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <input type="checkbox"/>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 8/18/52 , 19 52 , to 8/19/52 , 19 52 , that I last saw the deceased alive on 8/19/52 , 19 52 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE John E. Carroll Jr.		23B. ADDRESS Bon Secours Hospital	23C. DATE SIGNED 8/19/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/22/52	24C. NAME OF CEMETERY OR CREMATORY St Pauls Cem.	24D. LOCATION (City, town, or county) (State) Rock Hall Md.
DATE RECEIVED BY AUG 20 1952		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John J. Bowman
		ADDRESS Goelms	

MEDICAL CERTIFICATION

1952 0007702

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J1-148683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 52 7787
Registered No.2 7787
BIRTH NO. 50-08529

1. NAME OF DECEASED (Type or Print) Sally Evelyn Sadler		2. DATE OF DEATH 8-19-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1011 S. Paca St-30	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 24, 1950
9. AGE (In years last birthday) 2 yrs.		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Harry William Sadler		11. BIRTHPLACE (State or foreign country) Md. Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Evelyn Slater	
17. INFORMANT B. C. H. Records, 4940 Eastern Av.		ADDRESS	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Right Subdural Hematoma (old) DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
--	---

19A. DATE OF OPERATION 8/21/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
TIME (Month) (Day) (Year) (Hour) NJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-20-51 , 19 51 , to Aug. 19 , 19 52 , that I last saw the deceased alive on Aug. 19 , 19 52 , and that death occurred at 12.21am from the causes and on the date stated above.				
23A. SIGNATURE John J. Gorman		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 8-19-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/21/52	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.	24D. LOCATION (City, town, or county) (State) Washington Blvd
DATE RECEIVED BY LOCAL REGISTRAR AUG 20 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John J. Gorman + Son	ADDRESS Hollins

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7788**

52 7788

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lonnie Peaco			2. DATE OF DEATH August 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2133 Walbrook Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 15-04		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2133 Walbrook Ave.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Nov. 18, 1877		9. AGE (in years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Eleanora Peaco 2133 Walbrook Ave.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arterio-sclerotic condition of heart DUE TO		10 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8/21/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug. 17 , 19 52 , to Aug. 18 , 19 52 , that I last saw the deceased alive on Aug. 18 , 19 52 , and that death occurred at 7:45 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE D. A. Schaefer		23B. ADDRESS 570 E. 9th St. S. E. Atlanta, Ga.		23C. DATE SIGNED 8/19/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/21/52	24C. NAME OF CEMETERY OR CREMATORY Forest Hill	24D. LOCATION (City, town, or county) (State) Forest Hill, Md.	
DATE RECEIVED BY LOCAL REGISTRAR Aug 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR ADDRESS Geo. G. Nelson 1303 Presstman St.

970 E 9th St. S. E. Atlanta

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Family Member		14. Signature of Priest		15. Signature of Minister	
16. Signature of Other		17. Signature of Other		18. Signature of Other	
19. Signature of Other		20. Signature of Other		21. Signature of Other	
22. Signature of Other		23. Signature of Other		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

530
AB-161413BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7789
Registered No.52 7789
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Benjamin Thomas Smith		2. DATE OF DEATH		8-17-1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				a. STATE Maryland			
c. Length of stay in Baltimore 25yrs				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-04			
d. STREET ADDRESS (If rural, give location) 323 E. 22nd. St. zone 18				d. STREET ADDRESS (If rural, give location)			
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10- 1898		9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days: Hours: Min.	11. Under 24 Hours
10a. USUAL OCCUPATION (Give kind of work done during time of death, if even)				10b. KIND OF BUSINESS OR INDUSTRY			
Elevator operator							
13. FATHER'S NAME Fletcher Smith				14. MOTHER'S MAIDEN NAME Mollie Mattox			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.			
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.				18. CITIZEN OF WHAT COUNTRY? USA			

18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of esophagus localized extension DUE TO (A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	CAUSE OF DEATH Cancer of esophagus localized extension 3 mos.	INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION 8-6-1952		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Esophagus		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-25-1952 to 8-17-1952, that I last saw the deceased alive on 8-17-1952, and that death occurred at 2:45 PM, from the causes and on the date stated above.					
23a. SIGNATURE G. G. Kelson		23b. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23c. DATE SIGNED 8-19-52	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/21/52		24c. NAME OF CEMETERY OR CREMATORY Mt Auburn		24d. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRY AUG 20 1952		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.		ADDRESS Geo. G. Kelson	

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52 7790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7790
Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Wilson

2. DATE
OF
DEATH

August 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

1103 N. Gilmore St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Feb. 15, 1906

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
AT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Walter Wilson

1103 N. Gilmore St.

18. 241X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944, 19, to 8-18-1952 that I last saw the
deceased alive on June, 1952. and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/23/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St.

ADDRESS

VS 150

5

Walter Wilson

52 7791

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7791

1. NAME OF DECEASED (Type or Print) WALTER ZIOLKOWSKI		2. DATE OF DEATH August 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 2-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 331 Ann Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Packing House	9. AGE (In years last birthday) 60
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? Poland	
13. FATHER'S NAME L		14. MOTHER'S MAIDEN NAME L	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Wladyslaw Ziolkowski		ADDRESS 2218 Chapel St	

18. **162X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Massive Internal Hemorrhage**DUE TO **bronchogenic carcinoma**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO _____

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. P. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
8/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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STATE OF DEATH

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F-360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7792
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>August P. Tetrow</i>			2. DATE OF DEATH <i>Aug 18 - 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Jeff</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2604 Hampden Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>40 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>2604 Hampden Ave 12-07.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan 26 - 1877</i>		9. AGE (In years last birthday) <i>75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Engineer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Ice Mfg</i>	11. BIRTHPLACE (State or foreign country) <i>Pa</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Henry Tetrow</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Crowell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>220-03-5677</i>	17. INFORMANT ADDRESS <i>Mr. Allen Tetrow 2604 Hampden Ave</i>		

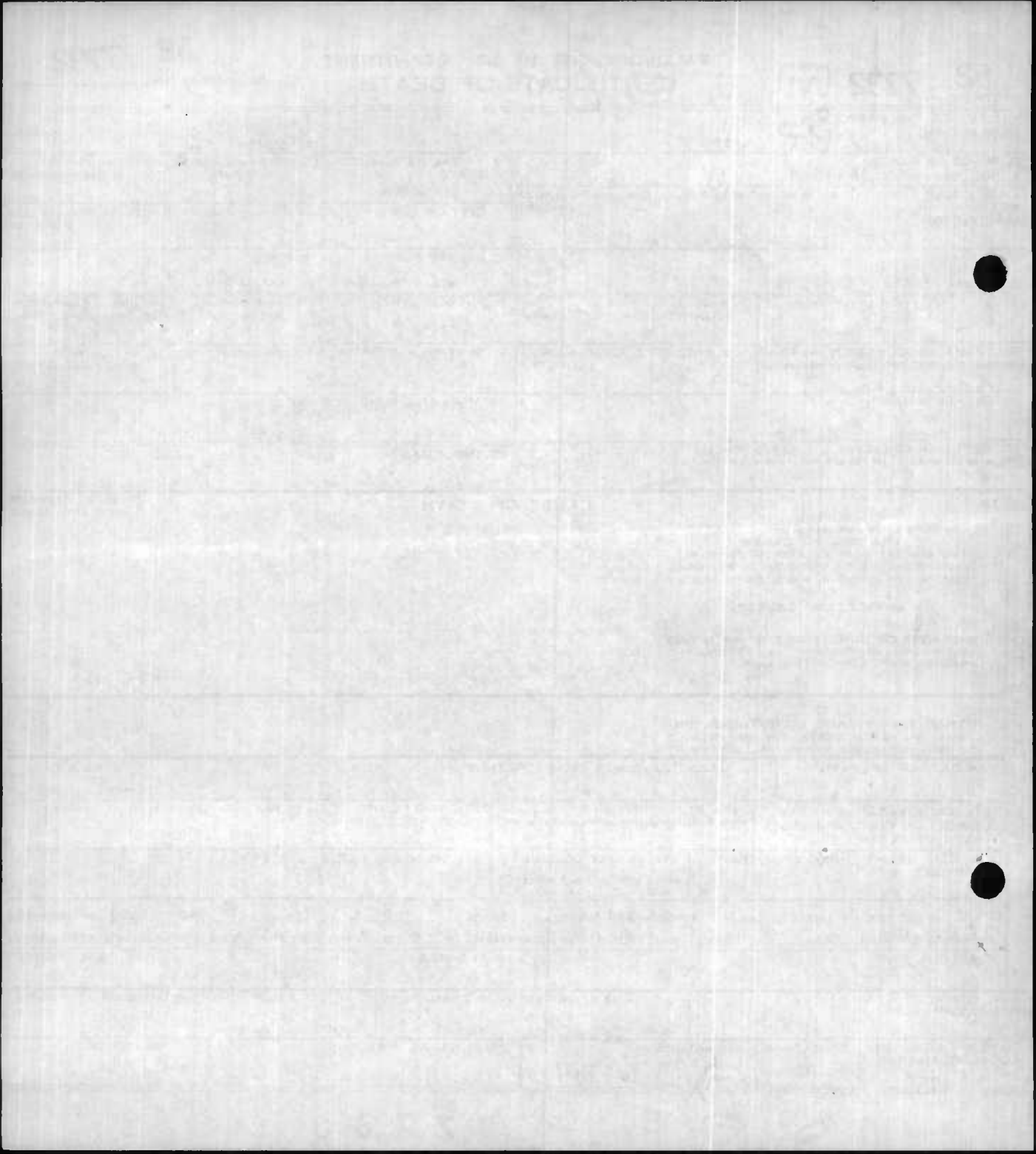
18. <i>161X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Carcinoma, Larynx</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO		
(C) _____				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Aug. 1950</i> , to <i>Aug. 18, 1952</i> , that I last saw the deceased alive on <i>Aug. 19, 1952</i> , and that death occurred at <i>11-11 p. m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Walter J. Janney</i>	M. D.	23B. ADDRESS <i>7101 Harford Rd.</i>	23C. DATE SIGNED <i>8/20/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug 22 52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Memorial Pk</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>UG 20 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Frank A. Sely - 814 N. 36th St</i>	

1952 083477700

MEDICAL CERTIFICATION



C-436
52 7793BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 155X52 7793
Registered No.

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
- (b) Street address 5712 Roland Ave, Balt 10
- (c) Hospital or institution: _____
- (d) Length of stay in hospital or inst. (yrs., mos., or days) _____
- (e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:

- (a) State Md. (b) County _____
- (c) City or town Baltimore 10
(If outside city or town limits, write RURAL and give town)
- (d) Street No. 5712 Roland Ave.
(If rural give location)
- (e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3 (a) FULL NAME

Charles Reed Childress 27-13

3 (b) If veteran, name war

No

3 (c) Social Security Account

No. 336-107408

4. Sex

M

5. Color or race

W

6 (a) Single, married, widowed, or divorced.

Married6 (b) Name of husband or wife Sena Ethel Childress6 (c) If alive, give age 53 years7. Birth date of deceased (mo., day, yr.) Feb. 10, 1887

8. AGE: Years Months Days If less than one day

65

____ hr. ____ min.

9. Birthplace Brim, Virginia

(Town, county, and state)

10. Usual Occupation Coal Miner (Retired)11. Industry or business Coal12. Name James E. Childress

13. Birthplace ?

14. Maiden Name Mary Jane Brown

15. Birthplace ?

16 (a) Informant Mrs Ethel Childress(b) Address 5712 Roland Ave. Balt. 10, Md.17 (a) Burial (b) Date thereof 8/21/52
(Burial, cremation, or removal) (month) (day) (year)(c) Cemetery or crematory CathedralLocation Baltimore, Md.18 (a) Funeral director H. W. Meade and Son(b) Address 205 N. Calvert St.(c) Date rec'd by registrar Aug 20 1952 (b) Registrar Hamilton Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 18 August 1952, at 4:40 P

21. I certify that death occurred on the date above stated; that I attended deceased from 4 May 1952 to 18 Aug 1952, and that I last saw him alive on 12 Aug 1952.

Immediate cause of death

Carcinoma, liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 4, 1952

Major findings of operation:

Primary Ca liver

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence _____ at _____ M

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Charles H. Williams, M.D.Address Chesville 8, Md. M. D. Date signed _____

Duration

6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

A-322 7794

52 7794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HESTER FREEMAN GADDIS

2. DATE OF DEATH
Aug. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE
2930 Woodland Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2930 Woodland Ave.

27-17

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

female

white

widowed

8. DATE OF BIRTH

Oct. 11, 1861

9. AGE (In years last birthday)

90

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Freeman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss C.B. Gaddis - 218 Ridgewood Rd.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral embolism

DUE TO

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary artery thrombosis

DUE TO

6 mo

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK

22. I hereby certify that I attended the deceased from Aug 16, 1952, to Aug 19, 1952, that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Randolph H. Spitzberg

M. D.

5010 Lenmore Ave

Aug 20, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/21/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

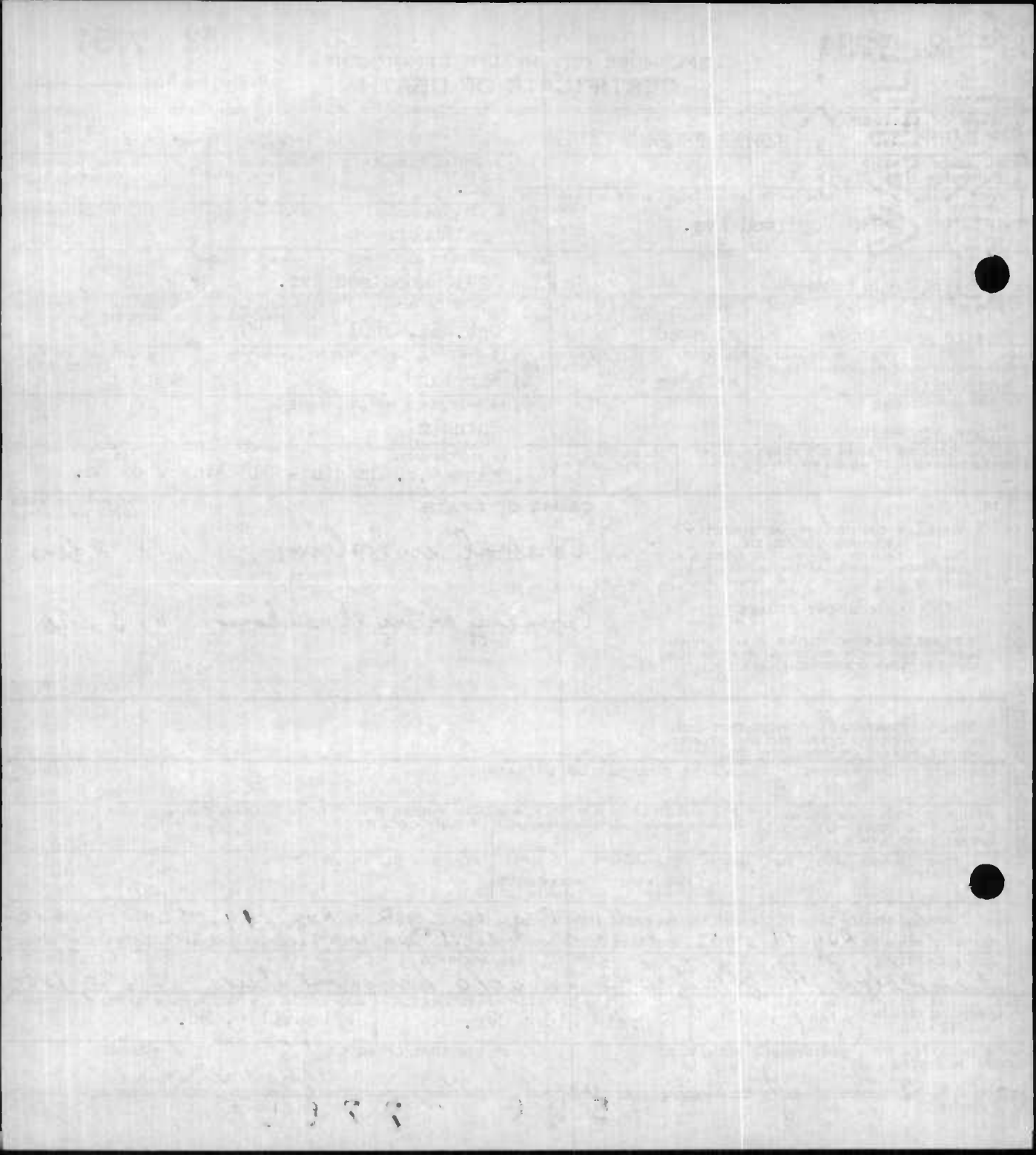
Aug 20 1952

Huntington Williams, M.D.

Dr. J. C. Pickner & Sons

Baltimore, Md.

MEDICAL CERTIFICATION



R-626
32 7795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7795
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Parker, John Franklin		2. DATE OF DEATH August 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #21 Essex	
C. Length of stay in Baltimore 10 years		D. STREET ADDRESS (If rural, give location) 1632 Dartford Road, Apt. C. 5354	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 3, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Mill. Lawyer	
13. FATHER'S NAME Benjamin F. Parker		14. MOTHER'S MAIDEN NAME Margaret H. Burnett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Miss Mary Parker (Same)	

18. **443X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
B Hypertensive cardiovascular disease
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
A Cerebral vascular accident
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **August 7**, 1952 to **August 19**, 1952, that I last saw the deceased alive on **August 19, 1952** and that death occurred at **1:45 pm.**, from the causes and on the date stated above.

23A. SIGNATURE **J. M. Krager** M. D. 23B. ADDRESS **1400 N. Caroline Street** 23C. DATE SIGNED **Aug. 19, 1952**

24A. BURIAL CREMATION, REMOVAL (Specify) **Removal** 24B. DATE **Aug 21, 1952** 24C. NAME OF CEMETERY OR CREMATORY **Sunset Mem. Park** 24D. LOCATION (City, town, or county) (State) **Beckley W. Va**

DATE RECEIVED BY LOCAL REGISTRAR **AUG 20 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **John G. Connelly** ADDRESS **418 Eastern Ave. Essex, Md.**

67431

STATE OF TEXAS
COUNTY OF DALLAS
JAN 19 1921

T-320 7796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7796
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TATE, William

2. DATE
OF
DEATH

8/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

PROVIDENT HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 17-02

D. STREET ADDRESS (If rural, give location)

535 W. LANVALE STREET

5. SEX

M

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6/1/1889

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEMAN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MORGANTON N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Louis TATE

14. MOTHER'S MAIDEN NAME

ROSA PERKINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CLARA TATE 535 W LANVALE ST.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiovascular
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6:00 (8/17/52), 1952, to 6:40 PM, 1952, that I last saw the
deceased alive on 8/17/52, and that death occurred at 6:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

A. T. Edwards

23B. ADDRESS

M. O.

Provident Hospital

23C. DATE SIGNED

8/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

8/21/52

ARbutus MEM. PK.

BALTIMORE, MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UG 20 1952

Huntington Williams, M.D.

ARLington S. Phillips

1808 N. MONROE ST.

CERTIFICATE OF DEATH

G-625
52 7797BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7797
Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Robert E. Grayson</i>			2. DATE OF DEATH <i>8-19-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>14-03</i>					
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1936 Mc Culloh St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt.</i>					
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1936 Mc Culloh St</i>					
5. SEX <i>7</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>July 18-1902</i>		9. AGE (In years last birthday) <i>50</i>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Charlotte Hall, Md.</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>			13. FATHER'S NAME <i>Robert Bruscoe</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth P.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Leo J. Grayson - 1936 Mc Culloh</i>		

18. <i>443X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) <i>Hypertensive Cardiovascular Disease</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>8 months</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/11</i> 19 <i>52</i> to <i>8/19</i> , 19 <i>52</i> that I last saw the deceased alive on <i>8/19</i> , 19 <i>52</i> and that death occurred at <i>2:00</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Reginald M. Williams, M.D.</i>		23B. ADDRESS <i>411 N. Gilmor St</i>		23C. DATE SIGNED <i>8/20/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-22-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cheltenham Mem. Park</i>	
24D. LOCATION (City, town, or county) <i>Balt.</i>		24E. STATE <i>md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Samuel W. Sullivan Jr</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Baltimore Ave</i>	

MEDICAL CERTIFICATION

1971

INDIAN HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of informant		10. Signature of registrar		11. Signature of health officer		12. Signature of coroner	
13. Signature of funeral director		14. Signature of cemetery		15. Signature of burial place		16. Signature of burial date	
17. Signature of burial place		18. Signature of burial date		19. Signature of burial place		20. Signature of burial date	
21. Signature of burial place		22. Signature of burial date		23. Signature of burial place		24. Signature of burial date	
25. Signature of burial place		26. Signature of burial date		27. Signature of burial place		28. Signature of burial date	
29. Signature of burial place		30. Signature of burial date		31. Signature of burial place		32. Signature of burial date	
33. Signature of burial place		34. Signature of burial date		35. Signature of burial place		36. Signature of burial date	
37. Signature of burial place		38. Signature of burial date		39. Signature of burial place		40. Signature of burial date	
41. Signature of burial place		42. Signature of burial date		43. Signature of burial place		44. Signature of burial date	
45. Signature of burial place		46. Signature of burial date		47. Signature of burial place		48. Signature of burial date	
49. Signature of burial place		50. Signature of burial date		51. Signature of burial place		52. Signature of burial date	
53. Signature of burial place		54. Signature of burial date		55. Signature of burial place		56. Signature of burial date	
57. Signature of burial place		58. Signature of burial date		59. Signature of burial place		60. Signature of burial date	
61. Signature of burial place		62. Signature of burial date		63. Signature of burial place		64. Signature of burial date	
65. Signature of burial place		66. Signature of burial date		67. Signature of burial place		68. Signature of burial date	
69. Signature of burial place		70. Signature of burial date		71. Signature of burial place		72. Signature of burial date	
73. Signature of burial place		74. Signature of burial date		75. Signature of burial place		76. Signature of burial date	
77. Signature of burial place		78. Signature of burial date		79. Signature of burial place		80. Signature of burial date	
81. Signature of burial place		82. Signature of burial date		83. Signature of burial place		84. Signature of burial date	
85. Signature of burial place		86. Signature of burial date		87. Signature of burial place		88. Signature of burial date	
89. Signature of burial place		90. Signature of burial date		91. Signature of burial place		92. Signature of burial date	
93. Signature of burial place		94. Signature of burial date		95. Signature of burial place		96. Signature of burial date	
97. Signature of burial place		98. Signature of burial date		99. Signature of burial place		100. Signature of burial date	

1971

D-600
52 7798BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7798
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN DREW

2. DATE
OF DEATH August 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

911 N. Caroline Street 7-04

Length of stay in Baltimore

11 yrs

Yrs.

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

MAY 18-1906 46

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

E. Drew

14. MOTHER'S MAIDEN NAME

LENA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr Parker

ADDRESS 1316
N. Caroline St

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

August 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-20-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

Payne Sanders & Pustoff St.

ADDRESS

A-251
52 7799

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7799
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara T. Aughinbaugh

2. DATE
OF
DEATH

8-19-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

c. Month of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR
INDUSTRY

Housewife

13. FATHER'S NAME

George Ford dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Hospital Records

ADDRESS

St Agnes Hosp

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro Vascular Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Polycystic Kidney, bilat.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Aug. 17, 1952, to Aug 19, 1952, that I last saw the
deceased alive on Aug 19, 1952, and that death occurred at 11 A. M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UG 20 1952

VS 150

17520007795

7108

OFFICE OF THE DEPUTY

WILLIAM C. BROWN
JANUARY 1950

1950

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1950

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G-240
52 7800BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 52 7800
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward Sigmund Luft Gissel</i>		2. DATE OF DEATH <i>August 18, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital (D.O.A.)</i>		C. CITY OR TOWN <i>Glen Burnie</i>	
C. Month of stay in Baltimore <i>Sudden</i>		D. STREET ADDRESS (If rural, give location) <i>404 - 6th Ave. N.E. 5200.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 29, 1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clothing Cutter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hats Tailoring Co.</i>	9. AGE (In years last birthday) <i>57</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Henry Gissel</i>		14. MOTHER'S MAIDEN NAME <i>Louise Luft</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>215-01-6440</i>	
17. INFORMANT <i>Mrs. Nannie Gissel</i>		ADDRESS <i>Glen Burnie Md.</i>	

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Heart Disease</i>		CAUSE OF DEATH <i>Coronary Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Leukemia + Arterio Sclerosis</i>		(A) DUE TO		
(B) DUE TO		(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>6-14</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>6-14</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 10*, 19*46*, to *6-14*, 19*52*, that I last saw the deceased alive on *6-14*, 19*52*, and that death occurred at *4 P* m., from the causes and on the date stated above.

23A. SIGNATURE <i>J. Nelson Carey</i>	23B. ADDRESS <i>1014 St Paul St Balt. Md.</i>	23C. DATE SIGNED <i>8-20-52</i>
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/21/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 20 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>R. V. Singleton</i>	ADDRESS <i>Glen Burnie Md.</i>
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52 7801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Lushbaugh

2. DATE
OF
DEATH

Aug. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

305 Vista St

7103

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-19-51

9. AGE (in years
last birthday)

19

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Milton Lushbaugh

14. MOTHER'S MAIDEN NAME

Louise Calanadelle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 7544

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Aspiration pneumonia

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Congenital heart disease
Tricuspid atresiasince
birth

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1952 to 8/20, 1952, that I last saw the
deceased alive on 8/20, 1952 and that death occurred at 9:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. Perlman M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 21 1952

Huntington Williams, M.D.

Andrew K. Offner Hagerstown, Md

STATE OF TEXAS
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1-11-21
12-1-21
1-1-21

Mr. J. H. [unclear]
[unclear] [unclear]

CAUSE OF DEATH

[unclear] [unclear]
[unclear] [unclear]
[unclear] [unclear]

[unclear] [unclear]
[unclear] [unclear]
[unclear] [unclear]

1-11-21

520

52 7802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 7802

BIRTH NO. 52-16775		2. DATE OF DEATH 8/19/52	
1. NAME OF DECEASED (Type or Print) LONG, WINDA S.		3. PLACE OF DEATH: a. Baltimore City, Maryland	
b. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE MARYLAND b. COUNTY A.A.	
c. Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HANOVER	
5. SEX F		d. STREET ADDRESS (If rural, give location) BOX 112 B 5200	
6. COLOR OR RACE COLORED		8. DATE OF BIRTH July 23 1952	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) BABY		9. AGE (In years last birthday) 3 Wks.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY		11. BIRTHPLACE (State or foreign country) MARYLAND	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIAM SEWELL		14. MOTHER'S MAIDEN NAME HAZEL LONG	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		17. INFORMANT ALFRED LONG	
16. SOCIAL SECURITY NO.		ADDRESS BOX 112 B	
18. 764.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) INTRACTIBLE ACIDOSIS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DIARRHEA	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. TIME (Month) (Day) (Year) (Hour) INJURY		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 8/18 1952 to 8/19 1952, that I last saw the deceased alive on 8/19, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE George B. Smith, Jr.		23b. ADDRESS University Hospital	
23c. DATE SIGNED 8/20/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 21	
24c. NAME OF CEMETERY OR CREMATORY ST. REST		24d. LOCATION (City, town, or county) (State) DORSEY MD.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD.	
25. FUNERAL DIRECTOR R. Selby Samsel and		ADDRESS	

14520307790

1915

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the State of Texas, this 1st day of January, 1915.

ATTEST:
J. M. HARRIS, Secretary of State

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

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NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

460

X

52 7803
BIRTH NO. 51-06430BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7803

1. NAME OF DECEASED (Type or Print) <i>Charles Keeler</i>			2. DATE OF DEATH <i>Aug 20, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Aug 15/52</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i> Cecil</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Port Deposit</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>6700</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (specify) <i>Child</i>	8. DATE OF BIRTH <i>3-20-51</i>		9. AGE (In years last birthday) <i>1</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Russell Keeler</i>			14. MOTHER'S MAIDEN NAME <i>Nana Simmons</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>344.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hydrocephalus</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) <i>Aug 20, 1952, 4:50 P.M.</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8-20-1952</i> to <i>8-20-1952</i> that I last saw the deceased alive on <i>8-20-1952</i> and that death occurred at <i>4:50 P.M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles D. Kaplan</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8-20-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug 24 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>West Nottingham</i>	24D. LOCATION (City, town, or county) (State) <i>Colona. Cecil Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>J. E. Tyson, Rising Sun Md.</i>		

CERTIFICATE OF DEATH

1. Name of deceased: _____

2. Sex: _____

3. Race: _____

4. Date of birth: _____

5. Place of birth: _____

6. Usual residence: _____

7. Date of death: _____

8. Time of death: _____

9. Cause of death: _____

10. Place of death: _____

11. Signature of attending physician: _____

12. Signature of medical examiner: _____

13. Signature of registrar: _____

14. Signature of informant: _____

15. Signature of registrar: _____

16. Signature of registrar: _____

17. Signature of registrar: _____

18. Signature of registrar: _____

19. Signature of registrar: _____

20. Signature of registrar: _____

21. Signature of registrar: _____

22. Signature of registrar: _____

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626

52 7804

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7804
Registered No.

1. NAME OF DECEASED (Type or Print) MRS. DOROTHY BRAGER		2. DATE OF DEATH 8-20-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 3419 WABASH AVENUE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 4 1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME JACOB STAIN		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT HOSPITAL RECORDS		ADDRESS	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) HYPERTENSIVE CARDIO-VASCULAR RENAL DISEASE DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 9 YEARS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8-6- , 19 52 , to 8-20 , 19 52 , that I last saw the deceased alive on 8-20 , 19 52 , and that death occurred at 12:50 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE Joseph J. Michels		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 8-20-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-21-52	24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR UG 21 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Jack Lewis	
		ADDRESS 2100 Eutan Pl	

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MASTERS

LA TITRE

2111 WASH AVENUE

NEW YORK

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17185
225322
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52 7805
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7805
Registered No.

1. NAME OF DECEASED (Type or Print) Harold Schofield		2. DATE OF DEATH 8/19, 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Acct Room		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Ind. B. COUNTY X	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 10-82	
C. Length of stay in Baltimore 24 yrs.		D. STREET ADDRESS (If rural, give location) 1111 Webb. Ct.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-3-1921
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (State or foreign country) Aberdeen, Md.	
10B. KIND OF BUSINESS OR INDUSTRY none		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Schofield		14. MOTHER'S MAIDEN NAME Virginia Baldwin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. JOHNS HOPKINS HOSPITAL	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 754.2 I		CAUSE OF DEATH Congenital Heart Disease, Eisenmenger's Complex Suspected.		INTERVAL BETWEEN ONSET AND DEATH 30
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		
		(B) DUE TO		
		(C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug 19, 1952 to Aug 19, 1952 that I last saw the deceased alive on 19 , 19 52 , and that death occurred at 1:20 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE George A. Edwards, M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 8-19-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 22, 1952	24C. NAME OF CEMETERY OR CREMATORY Belair Memorial Gardens	24D. LOCATION (City, town, or county) (State) Belair, Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Schimmek Funeral Home, Inc. 2601-3-5 E. Madison St.	

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UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITAL STATISTICS

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BALTIMORE CITY HEALTH DEPARTMENT

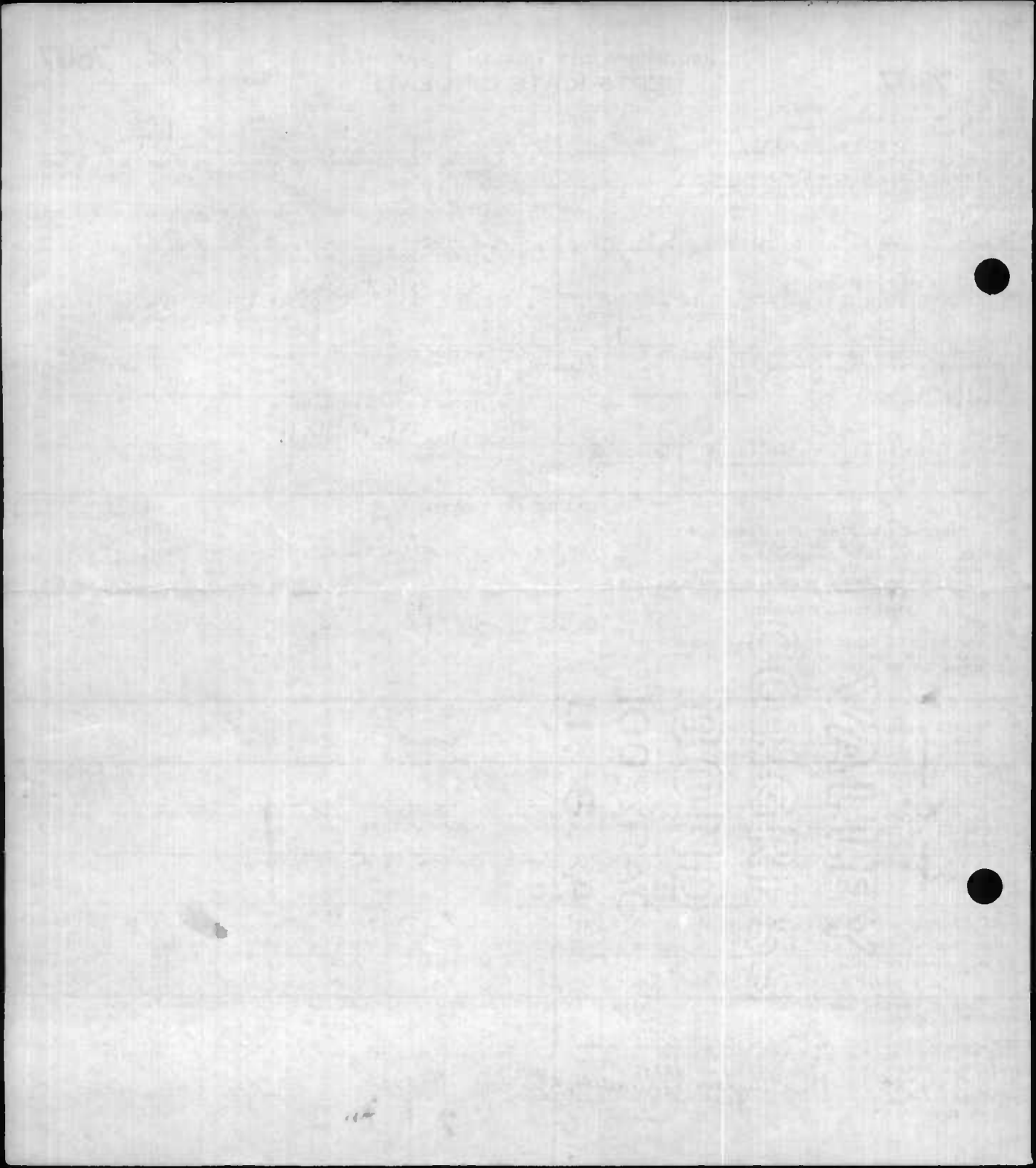
CERTIFICATE OF DEATH

Registered No. 52 7806

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Reitze</i>			2. DATE OF DEATH <i>8/20/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>821 N. Luzerne Ave 7-02</i>		
C. Month of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>Baltimore</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>8/14/52</i>		9. AGE (In years last birthday) Months: Days: <i>6</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>
13. FATHER'S NAME <i>Edward Reitze</i>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Edward Reitze, father, above</i>			ADDRESS		
18. <i>760.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Birth injury of brain days</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-14-</i> , 19 <i>52</i> , to <i>8-20-</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8-20</i> , 19 <i>52</i> , and that death occurred at <i>12:20 am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Agustin del Campo</i> M. D.		23B. ADDRESS <i>1213 Light st</i>		23C. DATE SIGNED <i>8-20-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug. 21, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>North Ave. & Rose St. Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		25. FUNERAL DIRECTOR ADDRESS <i>Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.</i>	

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				52 7807 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Grace Dudley</i>				2. DATE OF DEATH <i>8/20/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore General Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) <i>3409 White Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>1870</i>	9. AGE (In years last birthday) <i>81</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Wm. Hay</i>				14. MOTHER'S MAIDEN NAME <i>Caroline M. Mitchell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertension cordis varicosa</i> DUE TO <i>arteriosclerosis heart disease</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pneumonia lobar.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>years</i> <i>days</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-31-52</i> to <i>9-20-52</i> , 19 <i>52</i> that I last saw the deceased alive on <i>8-20-52</i> , and that death occurred at <i>9:45 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Agustini del Campo</i>		23B. ADDRESS <i>1213 Light st</i>		23C. DATE SIGNED <i>8-20-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>	
24D. LOCATION (City, town, or county) <i>Balto Md</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		24F. ADDRESS <i>5305 Harford Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 21 1952</i>					
VS 150 <i>19520007803</i>					



352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7808
Registered No. 52 780852 7808
BIRTH NO. 22-01744

1. NAME OF DECEASED (Type or Print) <i>Joyce S. Adams</i>			2. DATE OF DEATH <i>Aug 20, 1952</i>		
3. PLACE OF DEATH: <i>Res. 17214 4 W</i> A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 76200</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>5709 Stonington Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>1-22-'51</i>		9. AGE (In years last birthday) <i>18</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balt. Md.</i>	
13. FATHER'S NAME <i>Jack S. Adams</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

1B. <i>587.2</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<i>FIBROCYSTIC DISEASE OF PANCREAS</i>			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>7-15-1952</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7-15-1952</i> to <i>8-20-1952</i> , that I last saw the deceased alive on <i>8-20-1952</i> and that death occurred at <i>6:00 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. E. Vincent</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8/20/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Aug 22, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>U.S. National Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	25. FUNERAL DIRECTOR <i>Henry E. Dill</i>		ADDRESS <i>3109 Fredk Ave.</i>	

MEDICAL CERTIFICATION

19520007804

THE UNIVERSITY OF CHICAGO
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1000 S. MICHIGAN AVE.
CHICAGO, ILL. 60607
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020
52 7809BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7809
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) PRICE, James W.		2. DATE OF DEATH 8-19-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 15-09			
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital 2700 N. Charles St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 60 yrs.		D. STREET ADDRESS (If rural, give location) 3816 Fairview ave			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 16, 1887	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Claim Dept.		10B. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.		11. BIRTHPLACE (State or foreign country) Glenville, Penn.	
13. FATHER'S NAME William Price		12. CITIZEN OF WHAT COUNTRY? U.S.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Esther S. Price, Apt. 4 C,	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ECUINAL DEM. Hypertension Arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 7 days		CAUSE OF DEATH Greenwich Gardens		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/12 , 19 52 to 8/17 , 19 52 that I last saw the deceased alive on 8-19 , 19 52 , and that death occurred at 4:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE NOTE: HEP		M. D. 2020 U. Charles		23C. DATE SIGNED 8/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 21/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Harry A. Witzke 401 Edmondson Ave.	

STATE OF TEXAS

COUNTY OF _____

STATE OF TEXAS

STATE OF TEXAS

STATE OF TEXAS

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STATE OF TEXAS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7810
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie E. Breunig

2. DATE OF DEATH
Aug. 18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

900 Pine Heights Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

25-41

6. Length of stay in Baltimore Life

Yrs.
Mos.
DaysO. STREET ADDRESS (If rural, give location)
900 Pine Heights Ave.

7. SEX

Female

8. COLOR OR RACE

White

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

10. DATE OF BIRTH

Sept. 13, 1872

11. AGE (In years last birthday) 79
12. Under 1 Year Months: Days
13. Under 24 Hours Hours: Min.14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
H.W.15. KIND OF BUSINESS OR INDUSTRY
Own Home16. BIRTHPLACE (State or foreign country)
Baltimore, Md.

17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME
Herman Schaefer19. MOTHER'S MAIDEN NAME
Isabell

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

21. SOCIAL SECURITY NO.

22. INFORMANT ADDRESS
Henry Breunig, 900 Pine Heights Ave

23. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

25. DUE TO

Coronary Thrombosis
Arteriosclerosis
Hypertension

Mar 22 52

26. ANTECEDENT CAUSES

27. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

28. DUE TO

Emboli to Peripheral Femoral Veins

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. DATE OF OPERATION

31. MAJOR FINDINGS OF OPERATION

32. AUTOPSY?
YES ☐ NO ☐33. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

34. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

35. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

36. TIME (Month) (Day) (Year) (Hour) INJURY

37. INJURY OCCURRED

38. HOW DID INJURY OCCUR?

39. WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

40. I hereby certify that I attended the deceased from Mar 22, 1952, to Aug 19, 1952, that I last saw the deceased alive on Aug 19, 1952, and that death occurred at 11 A. M., from the causes and on the date stated above.

41. SIGNATURE

Charles C. ...

M. O.

42. ADDRESS

2145 N Balto St

43. DATE SIGNED

8/20-52

44. BURIAL, CREMATION, REMOVAL (Specify)
Burial

45. DATE

Aug. 21/52

46. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

47. LOCATION (City, town, or county)

Balto. Md.

(State)

48. DATE RECEIVED BY LOCAL REGISTRAR

49. REGISTRAR'S SIGNATURE

Huntington Williams

50. FUNERAL DIRECTOR

Harry F. Witzke

51. ADDRESS

4101 Edmondson Ave.

1960

RECEIVED BY DEPT. OF HEALTH

RECEIVED BY DEPT. OF HEALTH
1960

RECEIVED BY DEPT. OF HEALTH
1960

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7811
Registered No.

500
2
52 7811
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Laura Moon			2. DATE OF DEATH Aug. 19/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 717 Grantly St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-08		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 717 Grantly St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1870		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse			9. AGE (In years last birthday) 82		11. BIRTHPLACE (State or foreign country) Penn.
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Hildebrand			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Hildebrand, 1504 Tredegar Rd.	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-vascular-renal disease DUE TO		CAUSE OF DEATH Catonsville 12 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1939**, 19**39**, to **8-19**, 19**52**, that I last saw the deceased alive on **8-18**, 19**52**, and that death occurred at **6:15 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE **A. Ewald** M. D. 23B. ADDRESS **36 York Ct.** 23C. DATE SIGNED **8/20/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 22/52	24C. NAME OF CEMETERY OR CREMATORY Western	24D. LOCATION (City, town, or county) (State) Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry H. Kutzke	ADDRESS 101 Edmondson Ave.
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7 8 0 7

STATEMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE

TIME

PLACE

CAUSE

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

PREVIOUS ILLNESS

ATTENDING PHYSICIAN

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF INTERMENT

DATE OF CREMATION

PLACE OF CREMATION

NAME OF CREMATION

CERTIFICATE CORRECTED

828-52

245
52 7812

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7812

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Henry Wesselman

2. DATE
OF
DEATH

Aug. 19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Hood's Nursing Home,
INSTITUTION

5313 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

601 North Bend Rd. 5355

c. Length of stay in Baltimore

30 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 12, 1876

9. AGE (In years last birthday)

76-79

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Grocery Store

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Herman Wesselman

14. MOTHER'S MAIDEN NAME

Adaline-----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

217 07 0905

17. INFORMANT

ADDRESS

Mrs. Clara M. Wesselman, 601 North

18. 204.1

CAUSE OF DEATH

B end Rd.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Leukemia, chronic myeloid
DUE TO

about 6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan, 1952, to Aug 19, 1952; that I last saw the deceased alive on Aug 19, 1952, and that death occurred at 12:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Aug. 22/52

Western Cemetery

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 21 1952

Huntington Williams, 601 Edmondson Ave.

1875

RECEIVED
OFFICE OF THE
COMMISSIONER OF THE
LAND OFFICE

1875

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326

X 52 7813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 7813

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. William Budeker

2. DATE
OF
DEATH

Aug: 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes' Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Carl A. Budeker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Sept. 21, 1870

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Anna Elizabeth Schone

17. INFORMANT

ADDRESS

Mrs. Mary Sievert, 1815 Mayfield Ave.

18. 420.0

CAUSE OF DEATH

Halethorpe, Md.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Occlusion

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Arteriosclerotic Heart Disease?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility, Degenerative

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1952, to Aug 18, 1952, that I last saw the
deceased alive on Aug 18, 1952, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Aug. 21/52

Loudon Pk.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 21 1952

Huntington Williams, MD

4101 - amondson Ave.

VS 150

19520007800

MEDICAL CERTIFICATION

52 7814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7814
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LINCOLN, HENRY

2. DATE
OF
DEATH

8-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

FRANKLIN SQ. HOSPITAL

C. CITY OR TOWN

BALTIMORE

26-01

D. STREET ADDRESS (If rural, give location)

4222 Parkmont Ave

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11-23-1904

9. AGE (In years last birthday)

47

If Under 1 Year

Months: Days

9 19

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coffee Roaster

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rhode Island

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis

14. MOTHER'S MAIDEN NAME

HILDA SWINSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Unknown

16. SOCIAL SECURITY NO.

318-10-7819

17. INFORMANT

ADDRESS

MRS. Henry ~~Lincoln~~ Swinski

Safec

18. 581.0 and 157X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Massive Gastro-Intestinal Hemorrhage

12 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Esophageal Varices

(C)

Circulation of the liver

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma head of pancreas

19A. DATE OF OPERATION

8-11-52

19B. MAJOR FINDINGS OF OPERATION

ABOVE FINDINGS

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-11 1952 to 8/19 1952, that I last saw the deceased alive on 8/19 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. M. Delmon

23B. ADDRESS

Franklin Sq. Hosp

23C. DATE SIGNED

8/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

8/22/52

24C. NAME OF CEMETERY OR CREMATORY

LOUDEN, PARK

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

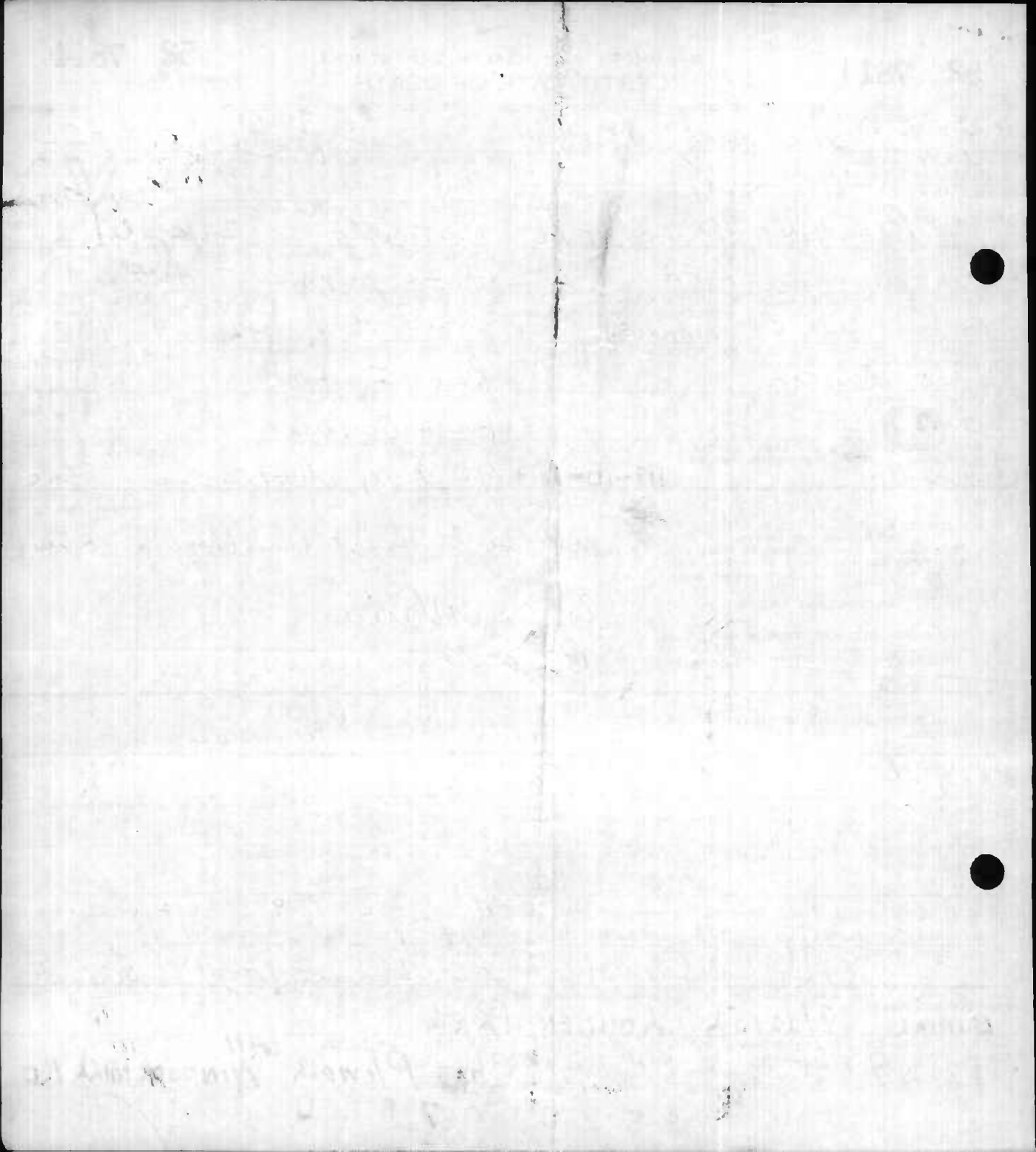
AUG 21 1952

Huntington Williams, M.D.

Chas P. Powell

6411

WINDSOR MILK RD



CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

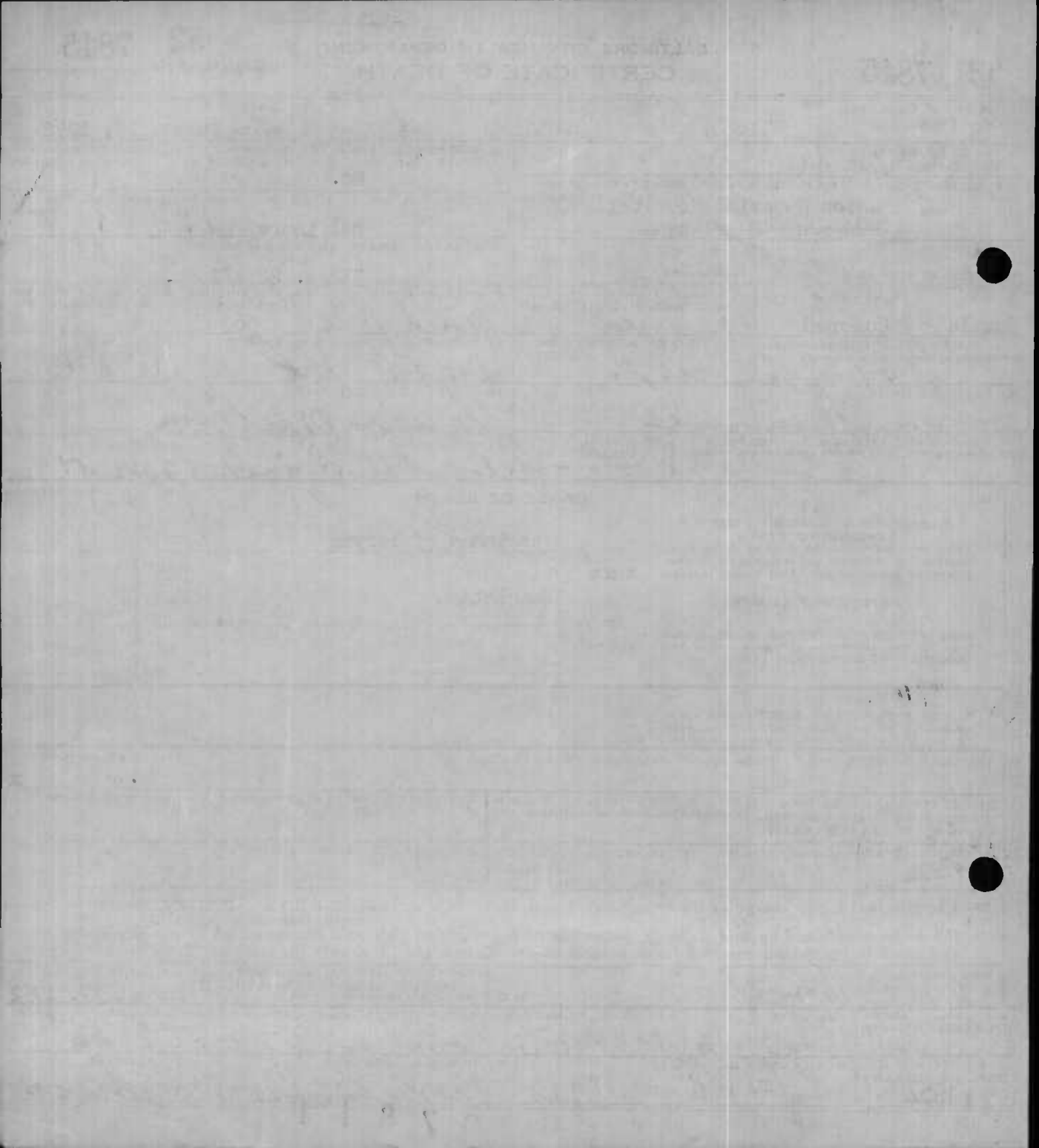
52 7815
Registered No.

52 7815
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLOSSIE MATTHEWS		2. DATE OF DEATH August 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Union Memorial Hospital INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-04	
6. LENGTH OF stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 312 E. 22 1/2 St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56
13. FATHER'S NAME John Swann		11. BIRTHPLACE (State or foreign country) Bath Md	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Flossie Matthews	
17. INFORMANT Richard Hudgins		ADDRESS 312 E 22 1/2 St	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of larynx ANTECEDENT CAUSES Emaciation DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Emaciation OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Board</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED August 19, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 22-52		24C. NAME OF CEMETERY OR CREMATORY Bath National Cemetery Bath Md	
24D. LOCATION (City, town, or county) (State) Bath Md		25. FUNERAL DIRECTOR W. H. McElroy		ADDRESS 1515 McElroy St	



245
52 7816

McCULLUM
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7816
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary A. McCollum</i>		2. DATE OF DEATH <i>8-19-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>16-02</i>	
C. Length of stay in Baltimore <i>38</i>		D. STREET ADDRESS (If rural, give location) <i>1516 W. Larnvale St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>B</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>Feb. 14, 1914</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>38</i>
13. FATHER'S NAME <i>Samuel McCullum</i>		11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME <i>Alice Dilghman</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Julia DeRose 6443 Carey St. Balt. Md</i>
18. <i>214X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral Infarct</i> DUE TO (B) <i>Thrombosis - internal carotid</i> DUE TO (C) <i>id.</i> INTERVAL BETWEEN ONSET AND DEATH <i>?</i>			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>8-4-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Sub mucous fibroid</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21A. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-14</i> , 1952, to <i>8-19</i> , 1952, that I last saw the deceased alive on <i>8-19</i> , 1952, and that death occurred at <i>4:00 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>GRamirez</i>		23B. ADDRESS <i>University Hosp</i>	
23C. DATE SIGNED <i>8-19-52</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>August 23, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Florence Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Florence, S. Carolina</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>UG 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	
VS 150		25. FUNERAL DIRECTOR ADDRESS <i>Joseph L. Russ 1200 McCulloch St. Balt. Md.</i>	

MEDICAL CERTIFICATION

5 2 0 0 0 7 8 1 2

MINISTRE OF HEALTH CERTIFICATE OF DEATH

<p>1. Name of deceased: <i>John Doe</i></p>		<p>2. Sex: <i>Male</i></p>	
<p>3. Date of birth: <i>15/03/1925</i></p>		<p>4. Date of death: <i>10/08/1985</i></p>	
<p>5. Usual residence: <i>123 Main St, Toronto, Ont.</i></p>		<p>6. Usual occupation: <i>Retired</i></p>	
<p>7. Usual place of birth: <i>Canada</i></p>		<p>8. Usual place of death: <i>Home</i></p>	
<p>9. Usual place of death: <i>Home</i></p>		<p>10. Usual place of death: <i>Home</i></p>	
<p>11. Usual place of death: <i>Home</i></p>		<p>12. Usual place of death: <i>Home</i></p>	
<p>13. Usual place of death: <i>Home</i></p>		<p>14. Usual place of death: <i>Home</i></p>	
<p>15. Usual place of death: <i>Home</i></p>		<p>16. Usual place of death: <i>Home</i></p>	
<p>17. Usual place of death: <i>Home</i></p>		<p>18. Usual place of death: <i>Home</i></p>	
<p>19. Usual place of death: <i>Home</i></p>		<p>20. Usual place of death: <i>Home</i></p>	
<p>21. Usual place of death: <i>Home</i></p>		<p>22. Usual place of death: <i>Home</i></p>	
<p>23. Usual place of death: <i>Home</i></p>		<p>24. Usual place of death: <i>Home</i></p>	
<p>25. Usual place of death: <i>Home</i></p>		<p>26. Usual place of death: <i>Home</i></p>	
<p>27. Usual place of death: <i>Home</i></p>		<p>28. Usual place of death: <i>Home</i></p>	
<p>29. Usual place of death: <i>Home</i></p>		<p>30. Usual place of death: <i>Home</i></p>	
<p>31. Usual place of death: <i>Home</i></p>		<p>32. Usual place of death: <i>Home</i></p>	
<p>33. Usual place of death: <i>Home</i></p>		<p>34. Usual place of death: <i>Home</i></p>	
<p>35. Usual place of death: <i>Home</i></p>		<p>36. Usual place of death: <i>Home</i></p>	
<p>37. Usual place of death: <i>Home</i></p>		<p>38. Usual place of death: <i>Home</i></p>	
<p>39. Usual place of death: <i>Home</i></p>		<p>40. Usual place of death: <i>Home</i></p>	
<p>41. Usual place of death: <i>Home</i></p>		<p>42. Usual place of death: <i>Home</i></p>	
<p>43. Usual place of death: <i>Home</i></p>		<p>44. Usual place of death: <i>Home</i></p>	
<p>45. Usual place of death: <i>Home</i></p>		<p>46. Usual place of death: <i>Home</i></p>	
<p>47. Usual place of death: <i>Home</i></p>		<p>48. Usual place of death: <i>Home</i></p>	
<p>49. Usual place of death: <i>Home</i></p>		<p>50. Usual place of death: <i>Home</i></p>	
<p>51. Usual place of death: <i>Home</i></p>		<p>52. Usual place of death: <i>Home</i></p>	
<p>53. Usual place of death: <i>Home</i></p>		<p>54. Usual place of death: <i>Home</i></p>	
<p>55. Usual place of death: <i>Home</i></p>		<p>56. Usual place of death: <i>Home</i></p>	
<p>57. Usual place of death: <i>Home</i></p>		<p>58. Usual place of death: <i>Home</i></p>	
<p>59. Usual place of death: <i>Home</i></p>		<p>60. Usual place of death: <i>Home</i></p>	
<p>61. Usual place of death: <i>Home</i></p>		<p>62. Usual place of death: <i>Home</i></p>	
<p>63. Usual place of death: <i>Home</i></p>		<p>64. Usual place of death: <i>Home</i></p>	
<p>65. Usual place of death: <i>Home</i></p>		<p>66. Usual place of death: <i>Home</i></p>	
<p>67. Usual place of death: <i>Home</i></p>		<p>68. Usual place of death: <i>Home</i></p>	
<p>69. Usual place of death: <i>Home</i></p>		<p>70. Usual place of death: <i>Home</i></p>	
<p>71. Usual place of death: <i>Home</i></p>		<p>72. Usual place of death: <i>Home</i></p>	
<p>73. Usual place of death: <i>Home</i></p>		<p>74. Usual place of death: <i>Home</i></p>	
<p>75. Usual place of death: <i>Home</i></p>		<p>76. Usual place of death: <i>Home</i></p>	
<p>77. Usual place of death: <i>Home</i></p>		<p>78. Usual place of death: <i>Home</i></p>	
<p>79. Usual place of death: <i>Home</i></p>		<p>80. Usual place of death: <i>Home</i></p>	
<p>81. Usual place of death: <i>Home</i></p>		<p>82. Usual place of death: <i>Home</i></p>	
<p>83. Usual place of death: <i>Home</i></p>		<p>84. Usual place of death: <i>Home</i></p>	
<p>85. Usual place of death: <i>Home</i></p>		<p>86. Usual place of death: <i>Home</i></p>	
<p>87. Usual place of death: <i>Home</i></p>		<p>88. Usual place of death: <i>Home</i></p>	
<p>89. Usual place of death: <i>Home</i></p>		<p>90. Usual place of death: <i>Home</i></p>	
<p>91. Usual place of death: <i>Home</i></p>		<p>92. Usual place of death: <i>Home</i></p>	
<p>93. Usual place of death: <i>Home</i></p>		<p>94. Usual place of death: <i>Home</i></p>	
<p>95. Usual place of death: <i>Home</i></p>		<p>96. Usual place of death: <i>Home</i></p>	
<p>97. Usual place of death: <i>Home</i></p>		<p>98. Usual place of death: <i>Home</i></p>	
<p>99. Usual place of death: <i>Home</i></p>		<p>100. Usual place of death: <i>Home</i></p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7817
Registered No. _____

52 7817
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mrs. Emma Guyer			2. DATE OF DEATH August 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 6003 Falls Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-13		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 6003 Falls Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 14, 1865		9. AGE (in years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Emil Schultz			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Annie E. Trimble 524 W. Mulberry St.		

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) cadheria, scirrhous, chronic DUE TO myocardial insufficiency (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH 2 wks.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 12, 1952 to Aug. 19, 1952 , that I last saw the deceased alive on Aug 18, 1952 and that death occurred at 3:30 P. M. , from the causes and on the date stated above.		
23A. SIGNATURE L. C. Schell	23B. ADDRESS 447 N. Kenwood Ave.	23C. DATE SIGNED 8/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug 22, 1952	24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road Horace F. Burgee	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10-1-1918

Name of Deceased		Date of Death	
John Doe		10-1-1918	
Age		35	
Sex		Male	
Race		White	
Marital Status		Single	
Occupation		Teacher	
Cause of Death		Pneumonia	
Place of Death		Home	
Signature of Physician		[Signature]	
Signature of Registrar		[Signature]	
Signature of Coroner		[Signature]	
Signature of Medical Examiner		[Signature]	
Signature of Burial Officer		[Signature]	
Signature of Undertaker		[Signature]	
Signature of Funeral Home		[Signature]	
Signature of Cemetery		[Signature]	
Signature of Church		[Signature]	
Signature of Family		[Signature]	
Signature of Friends		[Signature]	
Signature of Neighbors		[Signature]	
Signature of Community		[Signature]	
Signature of State		[Signature]	
Signature of Nation		[Signature]	
Signature of World		[Signature]	

Medical Examiner's Case

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 7818

52 7818

1. NAME OF DECEASED
(Type or Print)

LLOYD DOWDY

2. DATE
OF
DEATH

8-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY Balt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Essex 21

D. STREET ADDRESS (If rural, give location)

12 Cwenal Rd.

5254

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 12-1912

9. AGE (In years last birthday)

40

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Businessman

10B. KIND OF BUSINESS OR INDUSTRY

Printing

13. FATHER'S NAME

Oscar Dowdy

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

215-01-3354

17. INFORMANT

ADDRESS

Agnes Dowdy 12 Cwenal Rd.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE MYOCARDIAL INFARCT

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CORONARY THROMBOSIS
(C) EXTENSIVE ARTERIOSCLEROTIC CVD.

DUE TO

INTERVAL BETWEEN ONSET AND DEATH
Approx.
30-35 min.

KNOWN SINCE
1949

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

EXTENSIVE GENERALIZED ARTERIOSCLEROSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If CERTIFICATION APPROVED BY)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

OR ASST. MEDICAL EXAMINER

22. I hereby certify that I attended the deceased from 8-20-51, 19, to 8-20-51, 19, that I last saw the deceased alive on 8-20, 1951, and that death occurred at 9:10 Am., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Deckelbaum

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

8-20-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

8/23/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

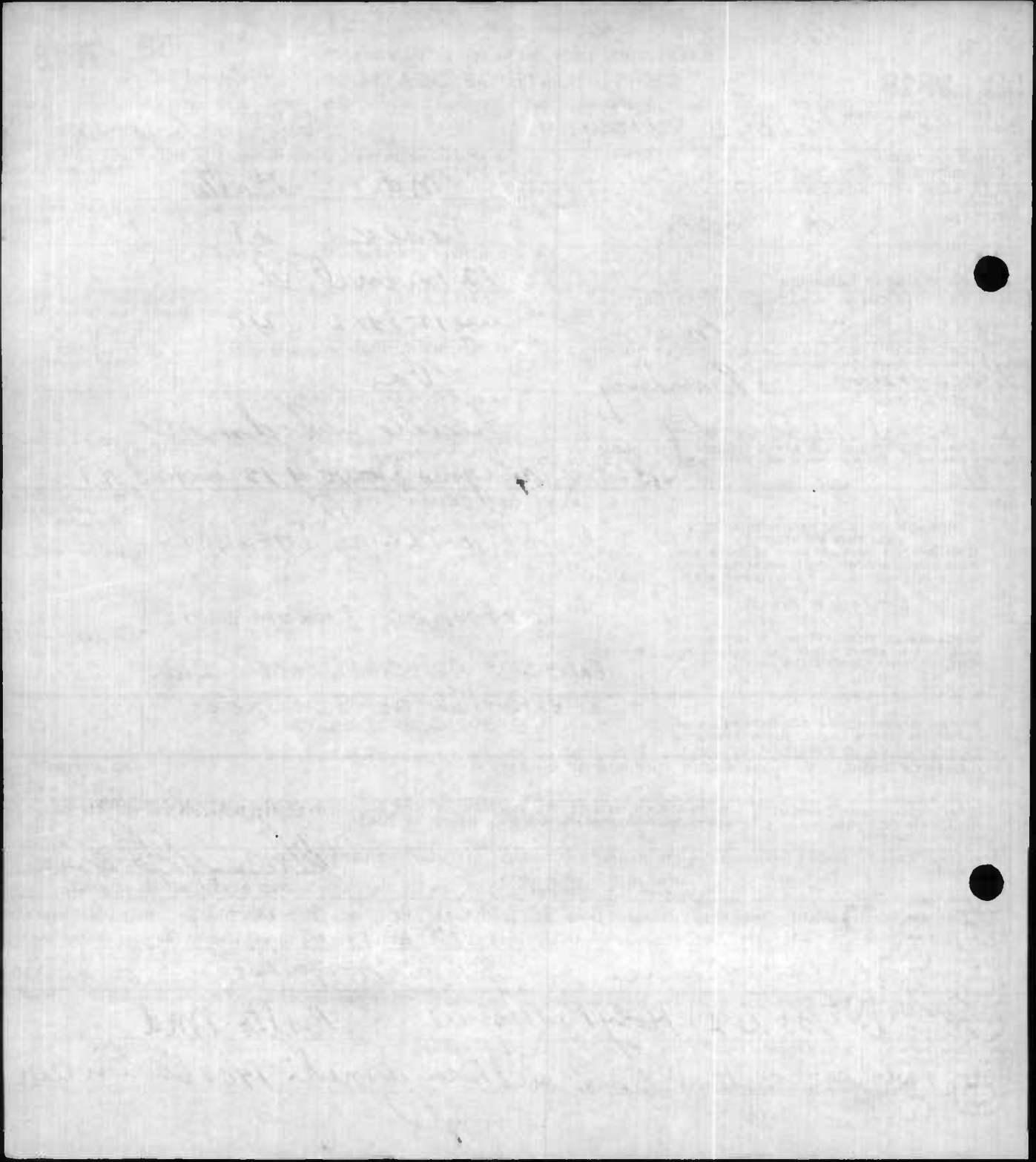
Huntington Williams

25. FUNERAL DIRECTOR

Brydzinski 1407 Eastern Ave

ADDRESS

AUG 21 1951



CERTIFICATE CORRECTED 9-3-52

BALTIMORE CITY HEALTH DEPARTMENT

52 7819
Registered No.

BIRTH NO. 52 7819 52-18884 **CERTIFICATE OF DEATH**

1. NAME OF DECEASED (Type or Print) JAMES L. JACKSON, JR.		2. DATE OF DEATH 8-19-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Luth. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 12-07	
6. Length of stay in Baltimore 4 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 308 W. 30th ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 8-15-52
9. AGE (In years last birthday) 5 days 4		10. BIRTHPLACE (State or foreign country) MD.	11. CITIZEN OF WHAT COUNTRY? U.S.A.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE	
13. FATHER'S NAME JAMES L. JACKSON SR.		14. MOTHER'S MAIDEN NAME BARBARA J. L. INGRAM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT PARKER INGRAM		ADDRESS 308 W. 30th ST.	

18. **754.4** CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Congen. Heart disease**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION **8-20-52** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-15** to **8-19**, 19**52**, that I last saw the deceased alive on **8-19**, 19**52**, and that death occurred at **3:12** m., from the causes and on the date stated above.

23A. SIGNATURE **Marion J. Hambro** M. D. 23B. ADDRESS **Luth Hosp** 23C. DATE SIGNED **8-20-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 8/20/52	24C. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL	24D. LOCATION (City, town, or county) (State) BALTO. CO. MD.
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD.	25. FUNERAL DIRECTOR ADDRESS Clarence F. Hoffmann 1639 BROADWAY	

260

52 7820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 7820

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) MARY H. FISCHER

2. DATE OF DEATH 8/19/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 3402 E. PRATT ST.

6. LENGTH OF STAY IN BALTIMORE
Yrs. Mos. Days

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 8/9/1888

9. AGE (In years last birthday) 64

10. CITIZEN OF WHAT COUNTRY? U.S.A.

11. BIRTHPLACE (State or foreign country) BALTO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ADOLF JAHNKE

14. MOTHER'S MAIDEN NAME HENRIETTA BLISKIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT ADDRESS HERMAN FISCHER 3402 E. PRATT ST.

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) CORONARY OCCLUSION
DUE TO
(B) ARTERIO SCLEROTIC HEART DISEASE
DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH
1 hr.
6 yrs.

19. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 4, 1946 to AUG. 19, 1952, that I last saw the deceased alive on AUG. 19, 1952, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE Benjamin S. Heston

23B. ADDRESS 121 S. HIGGINS AVE

23C. DATE SIGNED 8/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 8/23/52

24C. NAME OF CEMETERY OR CREMATORY OAKLAWN

24D. LOCATION (City, town, or county) (State) BALTO. CO. MD.

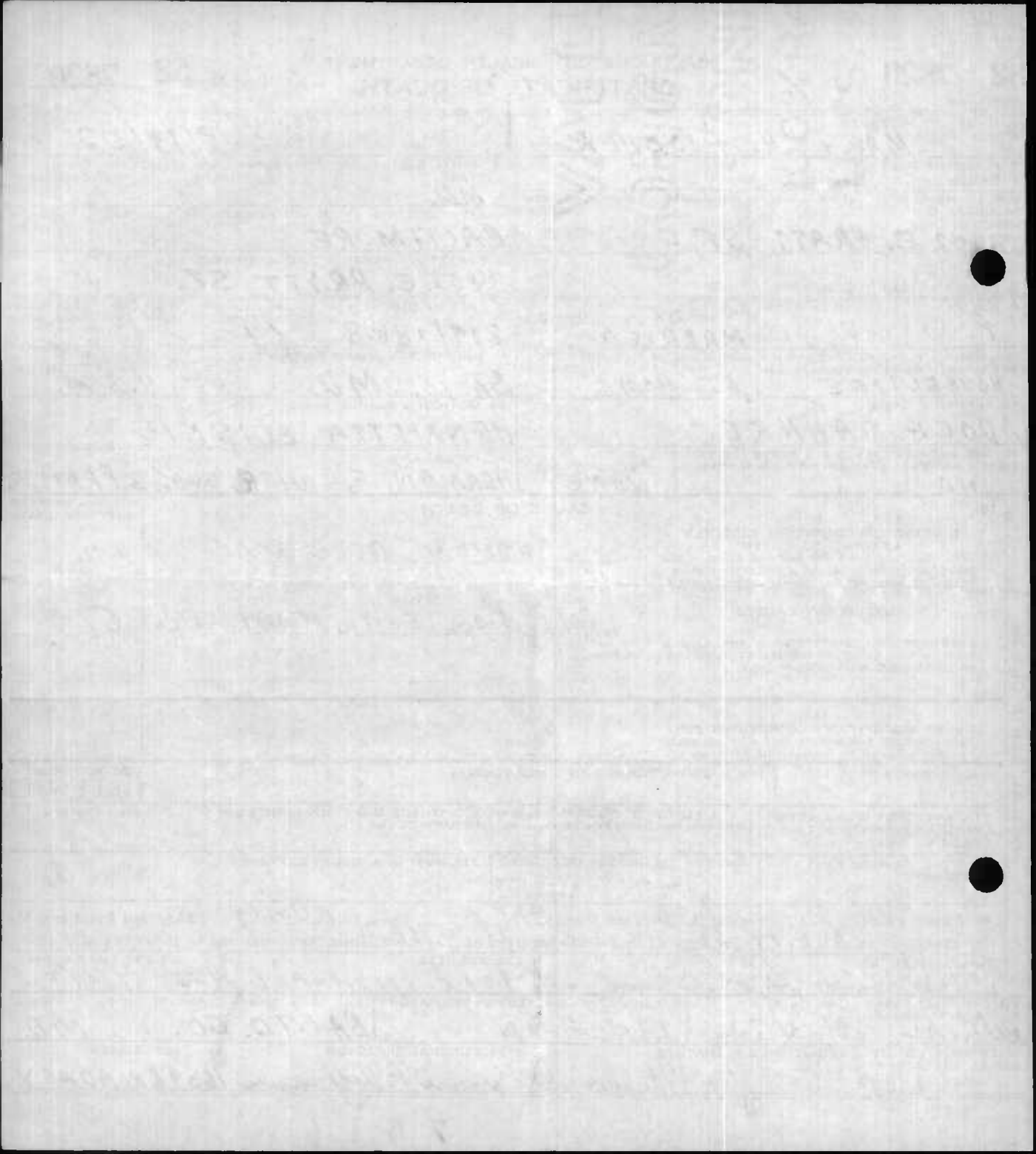
25. FUNERAL DIRECTOR ADDRESS Clarence F. Hoffmann 1639 BROADWAY

DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1952

REGISTRAR'S SIGNATURE Huntington Williams, Md.

VS 150

1 7 5 2 0 0 0 7 8 1 6



H-520

52 7821

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7821

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary Gertrude Hammack

2. DATE
OF
DEATH

Aug. 20 '1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

5011 Norwood Ave. 28-02

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

female

white

single

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.

Dec. 21 '1884

68

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

American

10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Printing Firm

13. FATHER'S NAME

Wm. M. Hammack

14. MOTHER'S MAIDEN NAME

Martha Cecelia Markwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
215-01-750917. INFORMANT
ADDRESS
Mrs. Lulu H. Fallon Baltimore, Md.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Diabetic Coma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Aug. 19, 1952 to Aug. 20, 1952 that I last saw the
deceased alive on Aug. 20, 1952 and that death occurred at 9:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

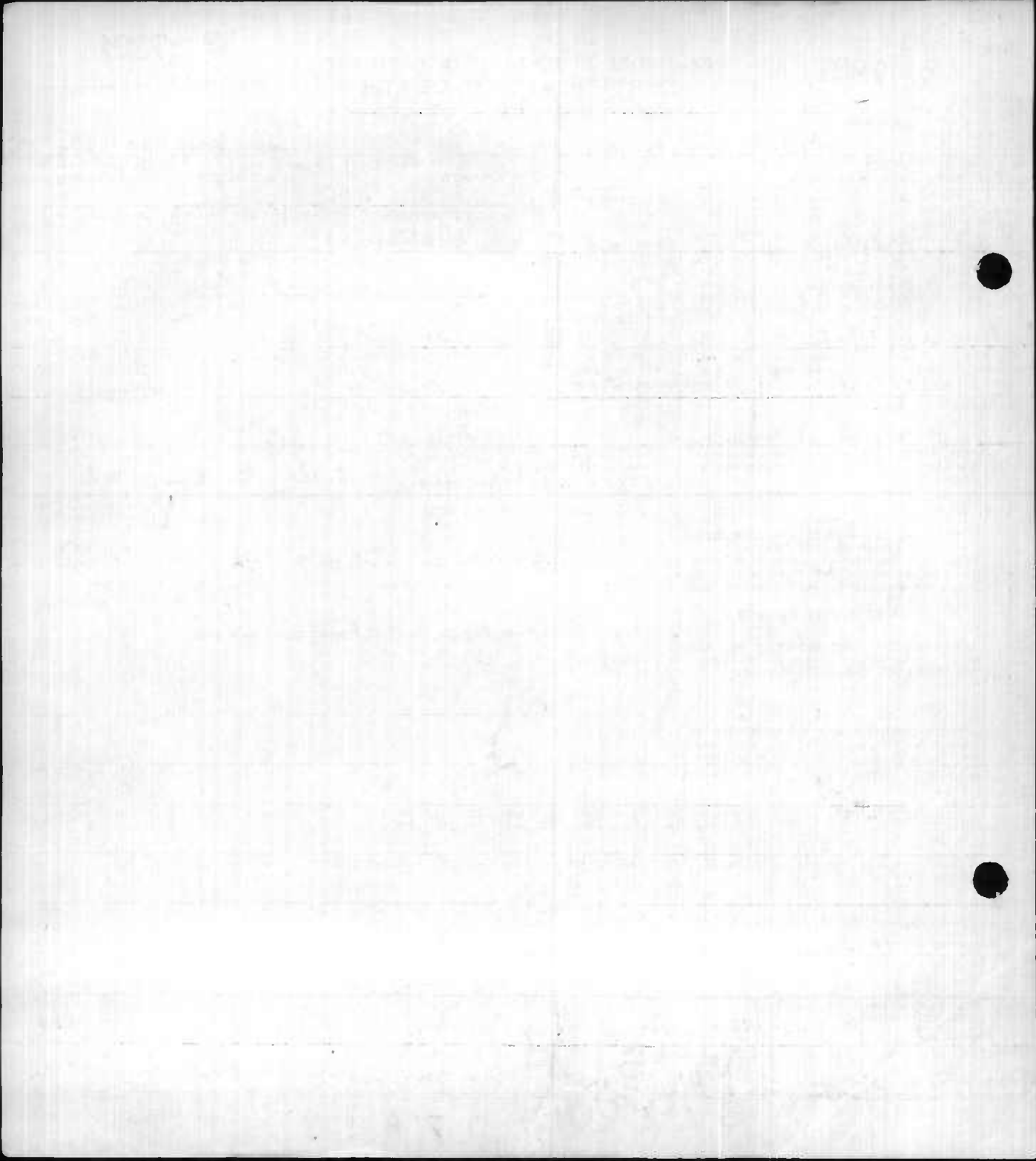
25. FUNERAL DIRECTOR

ADDRESS

VS 150

1952 390 4NP 817

MEDICAL CERTIFICATION



4-250
52 7822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7822

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Loretta B. Lawson</i>			2. DATE OF DEATH <i>Aug 20, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3833 Brooklyn Ave</i>			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>MD</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balti</i>					
C. Length of stay in Baltimore <i>34 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1331 Patapsco Ave 2.5-05</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 11, 1902</i>		9. AGE (In years last birthday) <i>50 yrs</i>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine operator</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>McBarnick</i>			11. BIRTHPLACE (State or foreign country) <i>New Albany Indiana</i>		
13. MOTHER'S NAME <i>Eugene W. Board</i>			14. MOTHER'S MAIDEN NAME <i>Lura H. Deatrick</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>no</i>			17. INFORMANT ADDRESS <i>Loretta Lawson, 1331 Patapsco Ave</i>		
18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma - Intestinal</i> DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>Mar 30, 1952</i> to <i>Aug 20, 1952</i> , that I last saw the deceased alive on <i>Aug 19, 1952</i> , and that death occurred at <i>4:30 a.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>N. P. Friedman</i>			23B. ADDRESS <i>1319 Lister St.</i>			23C. DATE SIGNED <i>7/10/52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug 23, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>		24D. LOCATION (City, town, or county) (State) <i>Balti MD</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>A. Howard Evans</i>		ADDRESS <i>1400 S Charles St</i>		

MEDICAL CERTIFICATION

890 47 7 8 1 0

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7823
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN HUGHES		2. DATE OF DEATH August 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 728 N. Bruce Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 728 N. Bruce Street		E. AGE (In years last birthday) 50	
F. LENGTH OF STAY IN BALTIMORE		G. DATE OF BIRTH 3-21-1902	
H. SEX Male	I. COLOR OR RACE Colored	J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	K. AGE (In years last birthday) 50
L. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER		M. KIND OF BUSINESS OR INDUSTRY STEEL	
N. FATHER'S NAME EULYSES HUGHES		O. BIRTHPLACE (State or foreign country) HARMONY, VIRGINIA	
P. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		Q. SOCIAL SECURITY NO.	
R. MOTHER'S MAIDEN NAME Lucy A. TRAYNHAM		S. INFORMANT ALBERT HUGHES	
T. ADDRESS 61A ATLANTIC ST. JERSEY CITY, N.J.		U. CITIZEN OF WHAT COUNTRY? U. S. A	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Tuberculosis					
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 8/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE AUG 21, 1952		24C. NAME OF CEMETERY OR CREMATORY HARMONY CEMETERY	
24D. LOCATION (City, town, or county) HARMONY, VIRGINIA		24E. FUNERAL DIRECTOR HOLLAND		24F. FUNERAL HOME ADDRESS 1631 DRUID HILL AVENUE - 17	
DATE RECEIVED BY LOCAL REGISTRAR 6 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

CERTIFICATE OF DEATH

1952

1. Name of deceased: John Doe

2. Sex: Male

3. Date of birth: 10-15-1915

4. Place of birth: New York, N.Y.

5. Date of death: 11-10-1952

6. Place of death: New York, N.Y.

7. Cause of death: Heart Disease

8. Signature of physician: [Signature]

9. Signature of registrar: [Signature]

10. Date of registration: 11-15-1952

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7824
Registered No. _____

BIRTH NO. 252

1. NAME OF DECEASED (Type or Print) <u>LOUIS YACHIMOWICZ LUCIAN YACHIMOWICZ</u>		2. DATE OF DEATH <u>Aug 19 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>503 S. Kenwood Ave</u>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>md.</u> B. COUNTY <u>1-02</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 yrs. U.S.A.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u>	
6. Length of stay in Baltimore <u>11 yrs. in Balto</u>		D. STREET ADDRESS (If rural, give location) <u>503 S. KENWOOD AVE</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1883</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LABORER</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>STOCK HOUSE</u>	9. AGE (In years last birthday) <u>67</u>
13. FATHER'S NAME <u>FRANK YACHIMOWICZ</u>		11. BIRTHPLACE (State or foreign country) <u>POLAND</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. SOCIAL SECURITY NO. <u>162-03-758</u>		14. MOTHER'S MAIDEN NAME <u>ANNA</u>	
17. INFORMANT <u>SOPHIE YACHIMOWICZ</u>		ADDRESS <u>503 S. KENWOOD</u>	

18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>arteriosclerosis Heart Disease</u> DUE TO <u>Generalized arteriosclerosis</u> (B) <u>Nodular Sclerosis</u> DUE TO <u>Emphysema</u> (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>14 yrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>5</u> , to <u>Aug 19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 19</u> , 19 <u>52</u> , and that death occurred at <u>8:20 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE _____		23B. ADDRESS _____		23C. DATE SIGNED _____	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>AUG 23/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART MARY GERMAN HILL ROAD</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>6-21-1952</u>		REGISTRAR'S SIGNATURE <u>H. J. Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Stephen J. Fialkowski, Inc. 1000 S. KENWOOD AVE</u>	

MEDICAL CERTIFICATION

100-100000

STATE OF NEW YORK
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

M-640
52 7825BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7825
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES LESTER MARLOW

2. DATE
OF
DEATH

AUGUST 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 920 BELGIAN AVE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
920 BELGIAN AVE.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)

920 BELGIAN AVE. 27-10

C. Length of stay in Baltimore

1 1/2 2 Mos.

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

SEPT. 5, 1877

9. AGE (In years,
last birthday)

75

If Under 1 Year
Months: Days

11

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
SUPERINTENDANT10B. KIND OF BUSINESS OR
INDUSTRY
DEPARTMENT
STORE

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

HUMPHREY MARLOW

14. MOTHER'S MAIDEN NAME

DORA ROWE.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.17. INFORMANT WIFE
MRS. CECELIA MARLOW ADDRESS
920 BELGIAN AVE.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY OCCLUSION

SUDDEN

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CORONARY SCLEROSIS

2 YRS.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

NO

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 1951, to AUG. 20, 1952, that I last saw the deceased alive on MAY 19 52, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur Karfagin

M. D.

23B. ADDRESS

4230 WOODBURN BLVD

23C. DATE SIGNED

8-20-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8 - 23 - 52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

ADDRESS

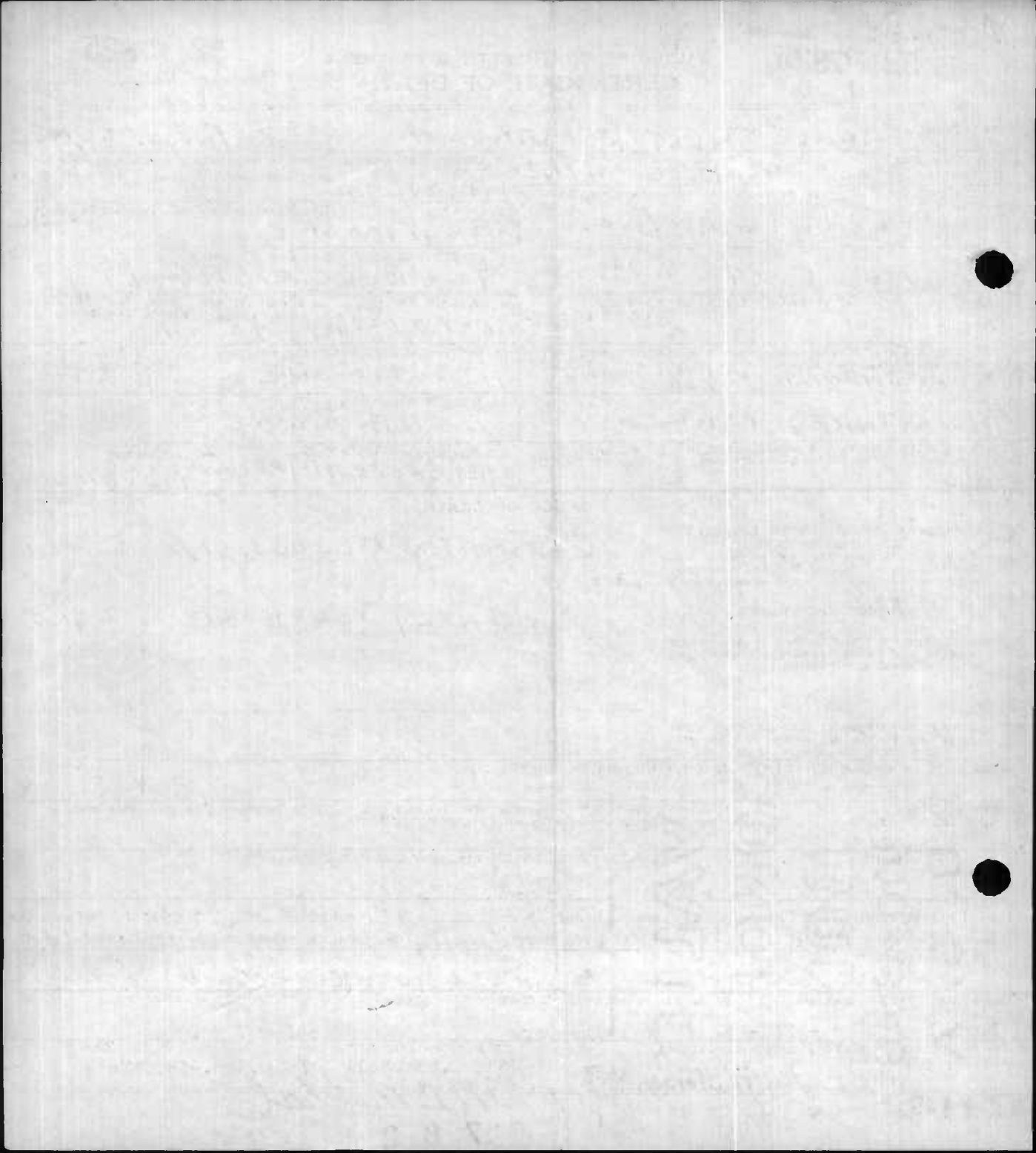
John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

M B Mitchell

AUG 21 1952

1952 0290

ACB 2



Q-642
52 7826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7826
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) James Quarles			2. DATE OF DEATH August 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD. B. COUNTY Balto.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 16-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1616 W. Lafayette Ave.			D. STREET ADDRESS (If rural, give location) 1616 W. Lafayette Ave.			E. DATE OF BIRTH March 28, 1899		
C. Length of stay in Baltimore			F. AGE (In years last birthday) 53			G. Under 1 Year Months: Days: Hours: Min.		
5. SEX Male			6. COLOR OR RACE Col.			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Gas & Electric			11. BIRTHPLACE (State or foreign country) Backstone Va.		
13. FATHER'S NAME William Quarles			14. MOTHER'S MAIDEN NAME Georganna Crawley			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT Cornelia Quarles ADDRESS 1616 W. Lafayette Ave.		
18. 420.1			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			(A) MYOCARDIAL FAILURE					
ANTECEDENT CAUSES			(B) CORONARY OCCLUSION					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8/18 , 19 52 , to 8/18 , 19 52 , that I last saw the deceased alive on 8/18 , 19 52 , and that death occurred at 10:25 AM from the causes and on the date stated above.								
23A. SIGNATURE Thomas W. Harris			23B. ADDRESS 1824 W. Franklin St.			23C. DATE SIGNED 8-18-52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 8/22/1952			24C. NAME OF CEMETERY OR CREMATORY Bellevue Memorial		
24D. LOCATION (City, town, or county) MD.			24E. NAME OF REGISTRAR Huntington Williams, M.D.			24F. NAME OF FUNERAL DIRECTOR W. Lake R. Williams		
24G. DATE RECEIVED BY LOCAL REGISTRAR Aug 21, 1952			24H. REGISTRAR'S SIGNATURE			24I. ADDRESS 822		

MEDICAL CERTIFICATION

25 APR

CERTIFICATE OF DEATH

Myocardial Infarction

(Heart Attack)

F-423
52 7827BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7827

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Antonio or Anthony Felicetti			2. DATE OF DEATH Aug. 20 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hos.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 400 S. High St. #2 B. COUNTY Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 400 S. High St.		
c. Length of stay in Baltimore 51 Yrs.			Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 12 1883	9. AGE (In years - last birthday) 69	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Clothing	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? Italy
13. FATHER'S NAME Phillip Felicetti			14. MOTHER'S MAIDEN NAME Elizabeth ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NUMBER 216-5550249	17. INFORMANT Hos. Records		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		ADDRESS			

18. **493x**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Acute Cardiac failure**
DUE TO**5 hrs**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Pneumonia**
DUE TO**3 days +**

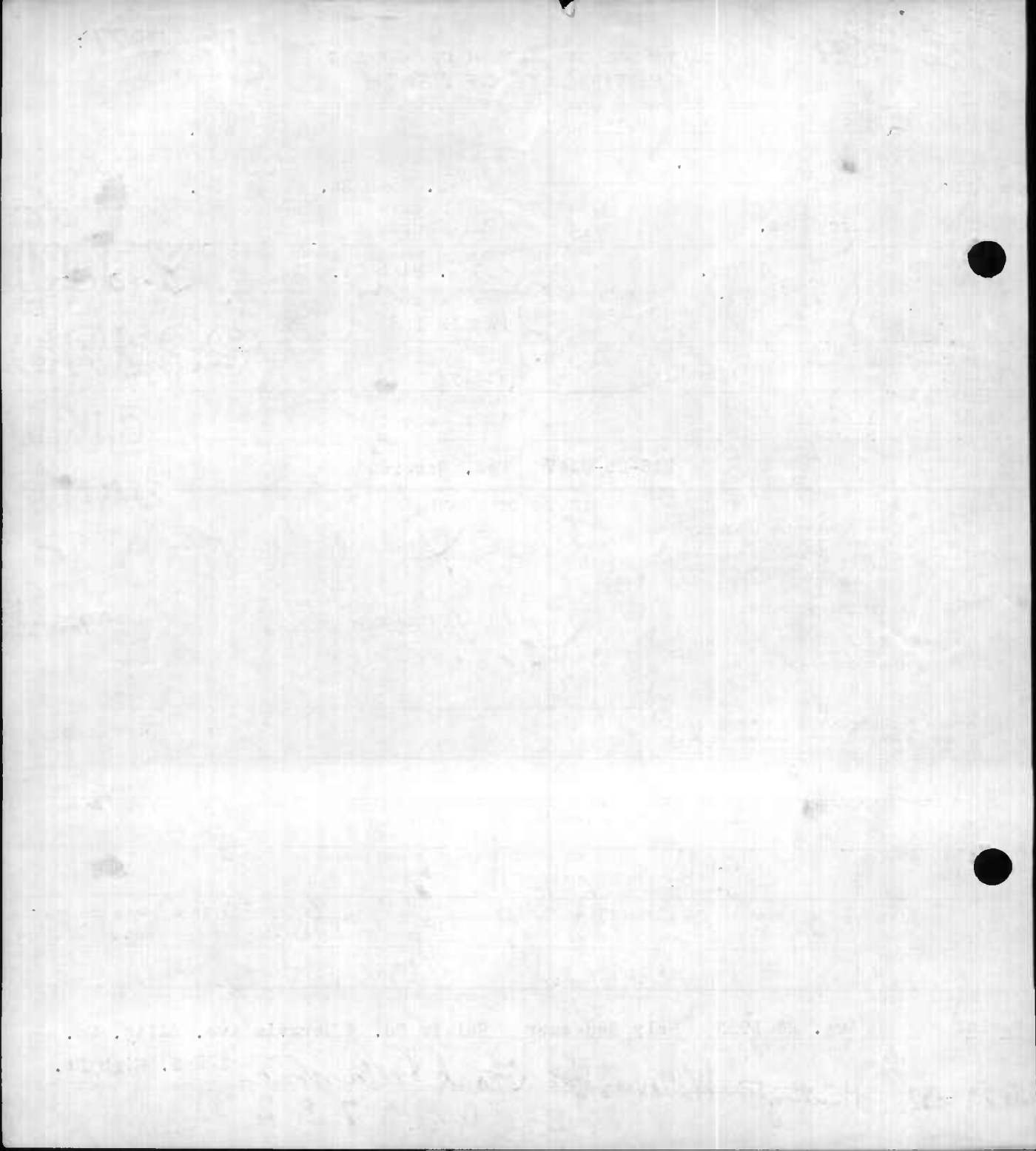
II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21E. TIME (Month) (Day) (Year) (Hour) INJURY		21F. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 18 19 52 , to Aug 20 , 19 52 , that I last saw the deceased alive on Aug 20 , 19 52 , and that death occurred at 2 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Turrell		23B. ADDRESS Mercy Hosp		23C. DATE SIGNED Aug 20 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 23 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. NAME OF CEMETERY OR CREMATORY Belair Rd. & Maravia Ave.		24F. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR Aug 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Frank Della Noce	
25. FUNERAL DIRECTOR 322 S. High St.		25. FUNERAL DIRECTOR 322 S. High St.		25. FUNERAL DIRECTOR 322 S. High St.	

195204607823



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7828
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Wolfert Kouwenhoven

2. DATE
OF
DEATH

Aug-20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland D.O.A. Union Memorial

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Maryland

Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

4310 Rugby Road

27-11

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan-13-1893

9. AGE (In years
last birthday)
59 years

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Instructor

10B. KIND OF BUSINESS OR
INDUSTRY

Hopkins University

13. FATHER'S NAME

Tunis Garret Bergen Kouwenhoven

11. BIRTHPLACE (State or foreign country)

Brooklyn, New York

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

14. MOTHER'S MAIDEN NAME

Phebe F. Bennett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W. War #1

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mrs. Alice H. Kouwenhoven (wife) Balto. Md.

CAUSE OF DEATH

18. 420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Arteriosclerosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Heart Disease*
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

M.D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug-23-1952

24C. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

24D. LOCATION (City, town, or county)

Brooklyn, New York

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UG 24 1952

Huntington Williams, M.D.

Stewart & Mowen Co., 108 W. North Avenue,

City #1.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

AGE

SEX

CAUSE OF DEATH

DIAGNOSIS

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

DATE OF DEATH

PLACE OF DEATH

DIAGNOSIS

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

DATE OF DEATH

PLACE OF DEATH

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DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

DATE OF DEATH

PLACE OF DEATH

DIAGNOSIS

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

320

52 7829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7829

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Gordon Philip Litz</i>		2. DATE OF DEATH <i>August 18, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-07</i>	
C. Length of stay in Baltimore <i>LPH</i>		D. STREET ADDRESS (If rural, give location) <i>1530 Northgate Road, Balto-18</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 23, 1904</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <i>credit manager</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Department Store</i>	9. AGE (in years last birthday) <i>48</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland (Baltimore)</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Henry G. Litz</i>		14. MOTHER'S MAIDEN NAME <i>Loretta A. Foige</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>	(If yes, give war or dates of service) <i>World War II</i>	16. SOCIAL SECURITY NO. <i>716-03-3214</i>	17. INFORMANT <i>Mrs. Loretta Hall-sister</i>
ADDRESS <i>same</i>			

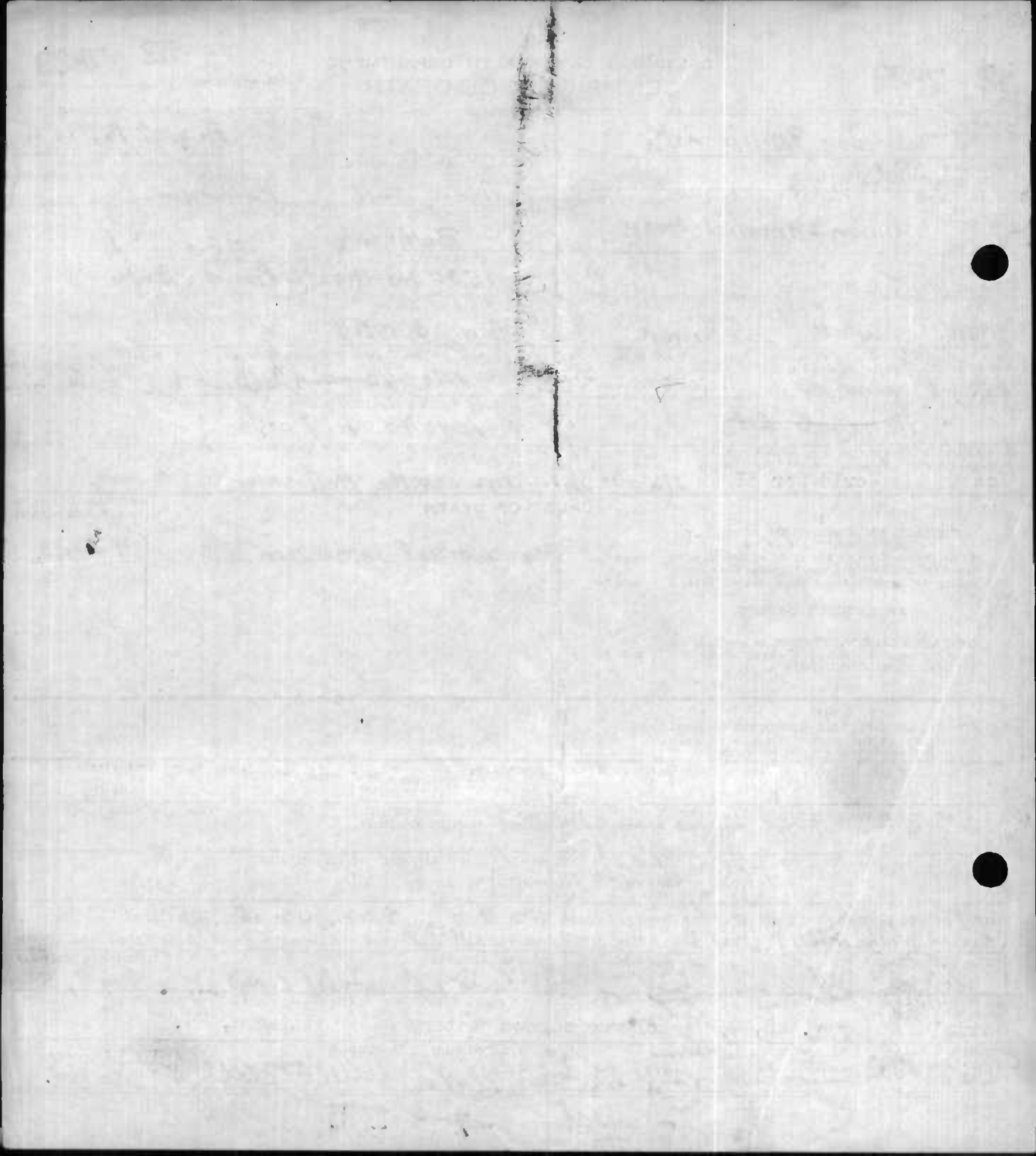
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i>	CAUSE OF DEATH (A) <i>Myocardial infarction</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>Aug 18, 1952</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>AUG 11</i> , 1952 to <i>AUG 18</i> , 1952 that I last saw the deceased alive on <i>AUG 18</i> , 1952 and that death occurred at <i>4 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ralph B. [Signature]</i>		23B. ADDRESS <i>Union Memorial Hosp</i>		23C. DATE SIGNED <i>Aug 18, 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug. 22, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL AGENCIES <i>AUG 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		FUNERAL DIRECTOR <i>Ellis L. Lamoignon</i>	
				ADDRESS <i>4510 Liberty Heights Ave.</i>	

VS 150

19520720/825

MEDICAL CERTIFICATION



650
52 7830BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7830
Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH PETER BROWN		2. DATE OF DEATH August 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-35	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health Service Hospital INSTITUTION Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2004 W. Cayuga Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/29/26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wiper		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	9. AGE (in years last birthday) 25
11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Peter Brown		14. MOTHER'S MAIDEN NAME Mary Mangkin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ?		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS ✓	
18. 092x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Infectious hepatitis with pulmonary edema and petechial hemorrhages and jaundice. DUE TO (B) DUE TO (C)	
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 11, 1952 to Aug. 19, 1952 that I last saw the deceased alive on Aug. 19, 1952 and that death occurred at 4:05 Pm., from the causes and on the date stated above.			
23A. SIGNATURE J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 8/20/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-22-52	
24C. NAME OF CEMETERY OR CREMATORY Holy Cross		24D. LOCATION (City, town, or county) (State) Philadelphia, Penna	
DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Lilly & Zeiler, Inc. 403 S. Wolfe Street Baltimore, 31, Md.			

1930

RECEIVED
CENTRAL OFFICE
FEBRUARY 10 1930

1930

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7831
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LOUIS FERNANDEZ THOMPSON				2. DATE OF DEATH August 19, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health Service Wyman Pk. Drive & 31st Street				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 1115 Harlem Avenue 16-01				E. LENGTH OF STAY IN BALTIMORE ?			
5. SEX M	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1/28/91		9. AGE (In years last birthday) 61	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William H. Thompson				14. MOTHER'S MAIDEN NAME Annie Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WW I - USA		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md. ✓			

18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) None		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Bronchopneumonia, terminal		Unknown	
		(B) Rheumatic valvulitis, inactive, with valvular deformity. (Mitral & aortic valve)		Unknown	
		(C) Auricular fibrillation, persistent.		Unknown	
		(D) Cardiac hypertrophy		Unknown	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(E) Cardiac insufficiency		Unknown	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 3 , 19 52 to Aug. 19 , 19 52 , that I last saw the deceased alive on Aug. 19 , 19 52 , and that death occurred at 6 A m., from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 8/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Aug 21/52, Balto, Md.		24B. DATE Aug 21/52		24C. NAME OF CEMETERY OR CREMATORY aa. Co. Md.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Choy O Wilson		ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR **AUG 21 1952**
REGISTRAR'S SIGNATURE **Huntington Williams**
VS 150
1952 1000 Brightly

MEDICAL CERTIFICATION

T-653
52 7832BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7832

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thornton, Henry Lilton

2. DATE
OF
DEATH

August 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore #31

D. STREET ADDRESS (If rural, give location)

8 S. Bethel Street

C. Length of stay in Baltimore

24 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Beth. Steel Co.

8. DATE OF BIRTH

9. AGE (In years last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathan Thornton

14. MOTHER'S MAIDEN NAME

Lucile Thornton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Howard Thornton Brother

18. 023X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Syphilitic heart disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 16, 1952 to August 20, 1952, that I last saw the deceased alive on Aug. 20, 1952, and that death occurred at 12:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

Aug. 20, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 21 1952

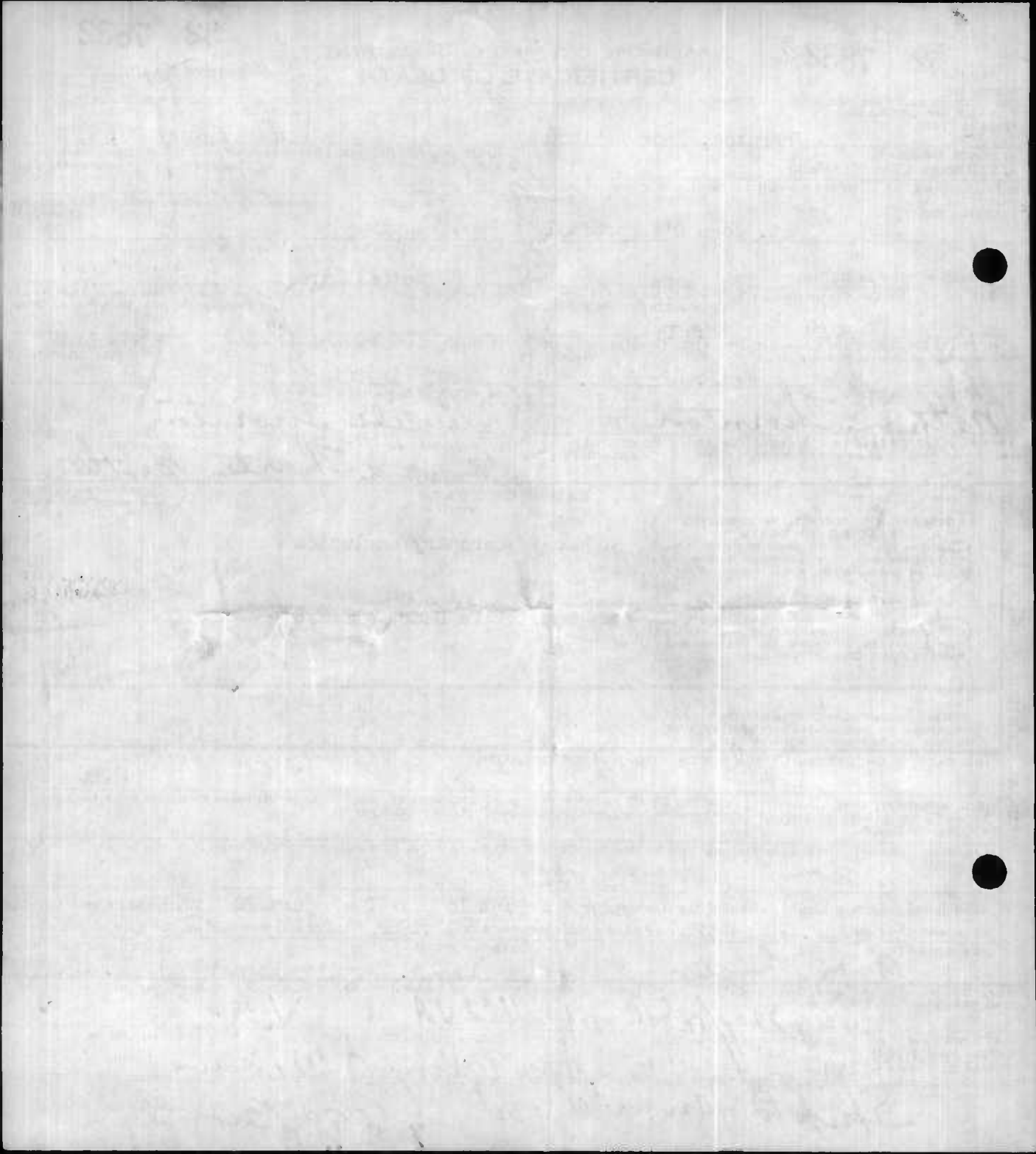
Attest: J. M. Thayer

Elroy O. Wilson

VS 150

Shup to Farnsill VA

1000 Brantley



52 7833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7833

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche Krauss Brager

2. DATE

OF DEATH Aug. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Mt. Royal Station

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY

(before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Marlborough Apts.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

14-01

D. STREET ADDRESS (If rural, give location)

Marlborough Apts. Eutaw Pl. + Wilson

C. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Dec. 15, 1880

9. AGE (in years
last birthday)

71

10 Under 1 Year
Months: Days

8 5

11 Under 24 Hours
Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Louis, Mo.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Rosenfeld

14. MOTHER'S MAIDEN NAME

Caroline Mayer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ruth K. Johnson 74 Rowan Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOAcute Coronary
ThrombosisINTERVAL BETWEEN
ONSET AND DEATH

1/2 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1951, to Aug. 20, 1952, that I last saw the
deceased alive on Aug 18, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 22 1952

Huntington Williams, M.D.

David R. Martin 1902 Eutaw Place

VS 150

19520007822

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

DATE OF DEATH

11

1911

11/11/11

11/11/11

242

52 7835

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7835

1. NAME OF DECEASED
(Type or Print)

DR. RUDOLPH ARTHUR MICHELSON

2. DATE
OF
DEATH

AUGUST 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2230 Eutaw Place

C. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-03

D. STREET ADDRESS (If rural, give location)

2230 Eutaw Place

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

June 2, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR
INDUSTRY

General Practice

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Minnie Michelson- 2230 Eutaw Place

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardio-vascular disease 5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-sclerosis 25 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Phlebitis

6 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

ml.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1951, to Aug 20, 1952, that I last saw the deceased alive on Aug 20, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph H. Zimler

M. D.

23B. ADDRESS

2318 Eutaw Place

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/22/52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Sol. Permon Bros - 1124-26 W.

AUG 22 1952

VS 150

1950250RS 7831

North Avenue

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

→

835
7835
BTA-83763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7836

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Arthur Jordan		July 31, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 27 yrs.		D. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 24, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 71	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Thomas Jordan		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Alice ?	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	

18. 493X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia DUE TO CAUSE OF DEATH Interval between ONSET AND DEATH 4 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-11, 1943, to 7-31, 1952, that I last saw the deceased alive on 7-31, 1952, and that death occurred at 12:01 A. M., from the causes and on the date stated above.					
23A. SIGNATURE H. H. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 8-14-1952	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	

VS 150

UNIVERSITY MEDICAL SCHOOL AUG 18 1952

195-20207832

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

APR 11, 1952

Washington, D.C.

TO : DIRECTOR, FBI (100-1000)
FROM : SAC, NEW YORK (100-1000)

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

-220

52 7837

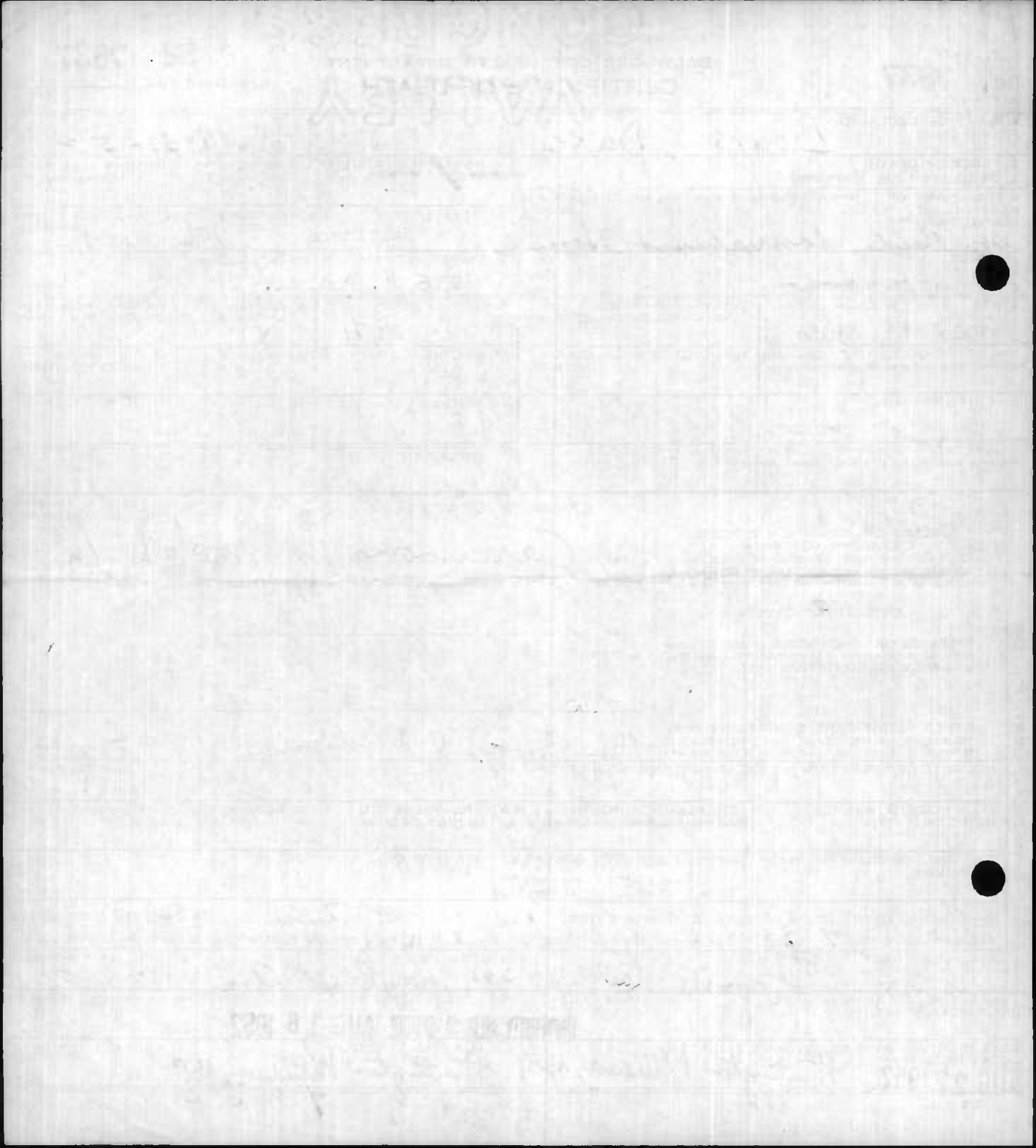
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7837
Registered No.

1. NAME OF DECEASED (Type or Print) Louis Duker		2. DATE OF DEATH 7-31-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Paul Convalescent Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-04	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2305 St. Paul St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) N	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME N	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT W N		ADDRESS	
18. 177x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of prostate 1yr DUE TO (A) CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 5 yrs DUE TO (B) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive C-V disease DUE TO (C)			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov , 19 51 , to 7-31 , 19 52 , that I last saw the deceased alive on 7-25 , 19 52 , and that death occurred at 8:30 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE E. Ellsworth Cook M.D.		23B. ADDRESS 2431 Maryland Ave	
23C. DATE SIGNED 7-31-52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
UNIVERSITY MEDICAL SCHOOL AUG 1 8 1952			
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	

MEDICAL CERTIFICATION

195207837



216
52 7838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7838
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Carl Alvin Wessberg		2. DATE OF DEATH Aug. 21, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3229 Montabello Terr.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-01			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 3229 Montabello Terrace			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 4-1887	9. AGE (In years, last birthday) 65	10. Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Read drug		11. BIRTHPLACE (State or foreign country) Sweden	
13. FATHER'S NAME ?		12. CITIZEN OF WHAT COUNTRY? ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-07-8303		17. INFORMANT Mrs Nell Wessberg ADDRESS same	
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis (portal) of liver		CAUSE OF DEATH (A) Cirrhosis (portal) of liver DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 5 months	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 1, 1952 , to Aug. 21, 1952 that I last saw the deceased alive on Aug. 20, 1952 , and that death occurred at 11:40 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE Donald Dandorf		23b. ADDRESS 6077 Hayford Rd.		23c. DATE SIGNED 8-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/25/52		24c. NAME OF CEMETERY OR CREMATORY Parkwood	
24d. LOCATION (City, town, or county) (State) Baltimore Md		24e. NAME OF FUNERAL DIRECTOR Huntington Williams		24f. ADDRESS 5305 Hayford	
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952					
VS 150 290627834					

MEDICAL CERTIFICATION

OS 7838

STATE OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES

OS 7838

IN SENATE
January 14, 1964

REPORT OF THE
COMMISSIONER OF SOCIAL SERVICES

ON THE
STATE OF NEW YORK

FOR THE YEAR 1963

ALBANY, NEW YORK

1964

PRINTED BY THE STATE OF NEW YORK

FOR THE YEAR 1963

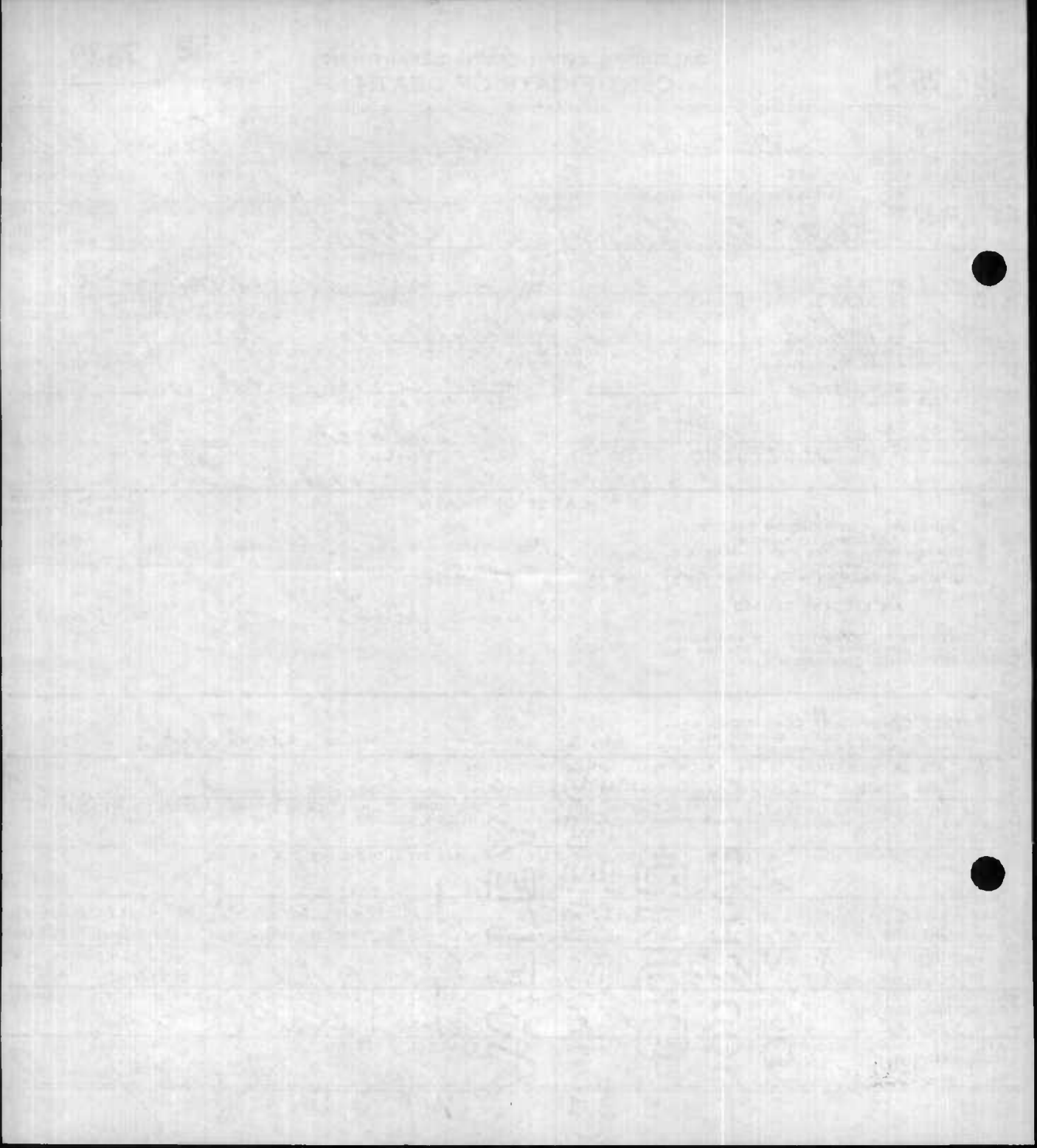
ALBANY, NEW YORK

1964

PRINTED BY THE STATE OF NEW YORK

FOR THE YEAR 1963

ALBANY, NEW YORK



52 7840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7840

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Salvatore E. Brusio*2. DATE
OF
DEATH

August 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-02

D. STREET ADDRESS (If rural, give location)

4708 Hampnett Avenue

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 31-1885

9. AGE (in years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Produce

10B. KIND OF BUSINESS OR
INDUSTRY

Self Employer

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mario Brusio

14. MOTHER'S MAIDEN NAME

Maria

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frances Brusio Pame

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Occlusion

(C) Myocardial Infarct

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

*William H. [Signature]*23B. CHIEF MEDICAL EXAMINER..... ☒ASSISTANT MEDICAL EXAMINER..... ☒M.D. MEDICAL INVESTIGATOR..... ☒

23C. DATE SIGNED

August 21, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/25/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Luck

ADDRESS

5305 Maryland

VS 151

1 9 5 2 0 2 9 0 7 4 8 3 0

NAME OF DECEASED

AGE

SEX

RACE

EDUCATION

OCCUPATION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

NAME OF SIGNER

52 7841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7841

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **JAMES P. SPAHN** 2. DATE OF DEATH **August 20, 1952**3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Md.** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location) **Union Memorial** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore** **9-07**D. STREET ADDRESS (If rural, give location) **1602 Homestead St.** Length of stay in Baltimore Yrs. Mos. Days5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Mar. 13-1890** 9. AGE (in years last birthday) **62** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Barber** 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Conrad Spahn** 14. MOTHER'S MAIDEN NAME **Elizabeth ?**15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Mrs. Elizabeth Spahn, name** ADDRESS18. **422.1 and 260X** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Arteriosclerotic Cardiovascular Disease**ANTECEDENT CAUSES (A) **Diabetes**DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) **Diabetes** DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?22. I certify that I took charge of the remains described above, held an **Inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE **William Williams** 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **August 21, 1952**24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **8/23/52** 24C. NAME OF CEMETERY OR CREMATORY **Fairwood** 24D. LOCATION (City, town, or county) **K. G. G. Md.** (State)DATE RECEIVED BY LOCAL REGISTRAR **AUG 22 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **L. J. Kuch** ADDRESS **5305 Naylor**

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EMERGENCY STATEMENT OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Michael
James, Ryan*2. DATE
OF
DEATH*August 20, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION*St. Joseph's*Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

*Maryland**Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rural

D. STREET ADDRESS (If rural, give location)

Fork Post Office

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Myocardial infarction*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertensive cardiovascular disease*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *August 18*, 1952, to *August 20*, 1952, that I last saw the
deceased alive on *Aug. 20*, 1952, and that death occurred at *5:30 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

*1100 N. Caroline St.**Aug. 20, 1952*24A. BURIAL OR CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

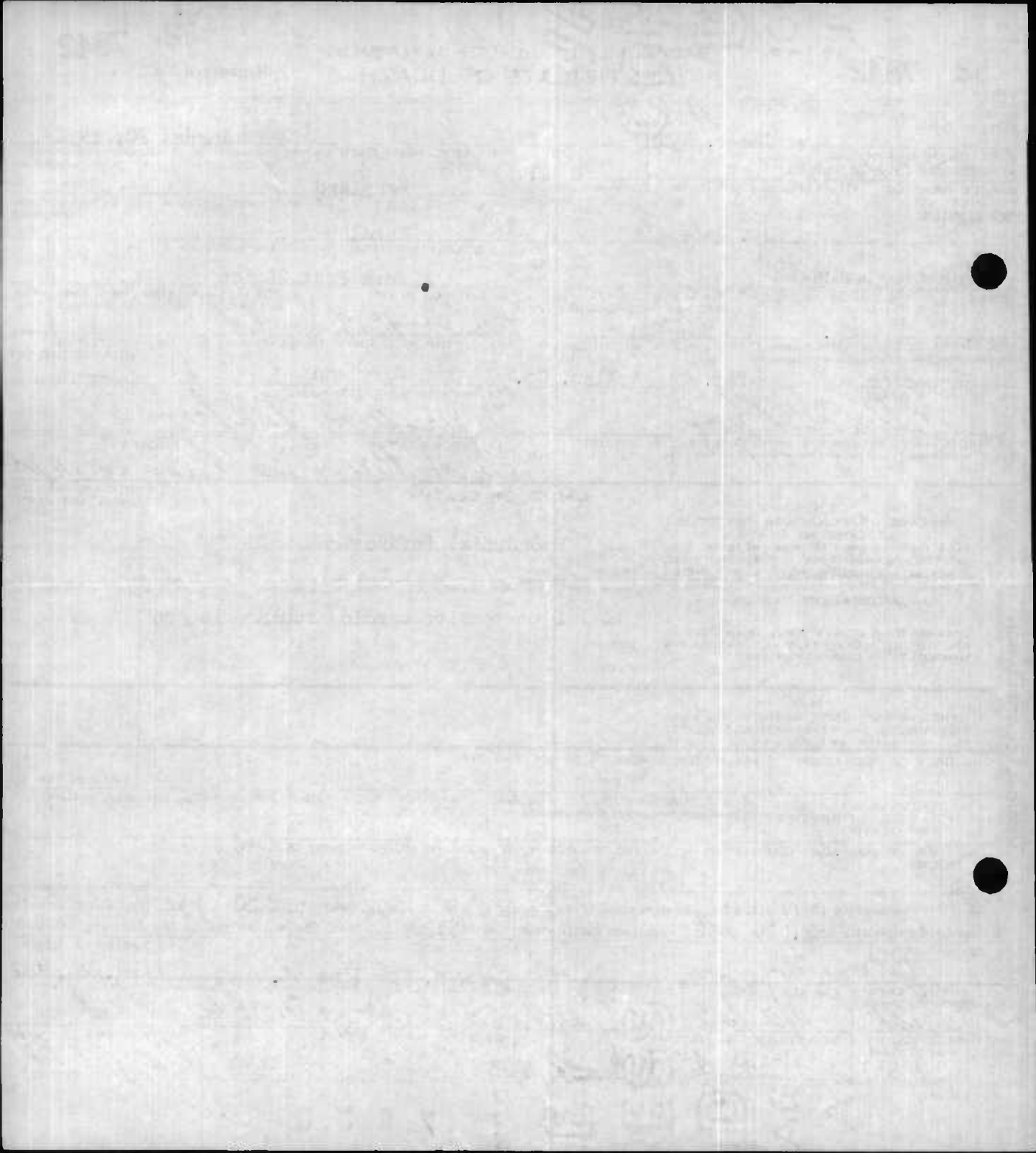
25. FUNERAL DIRECTOR

ADDRESS

AUG 22 1952

VS 150

*Huntington Williams, M.D.**J. Kuck**5305 Harford Rd**5533 5th**7830*



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mary Laney			2. DATE OF DEATH 7-30-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01		
C. Length of stay in Baltimore 1 day? Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 815 Elder Alley zone 1		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 33?	9. AGE (In years last birthday) 33?	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
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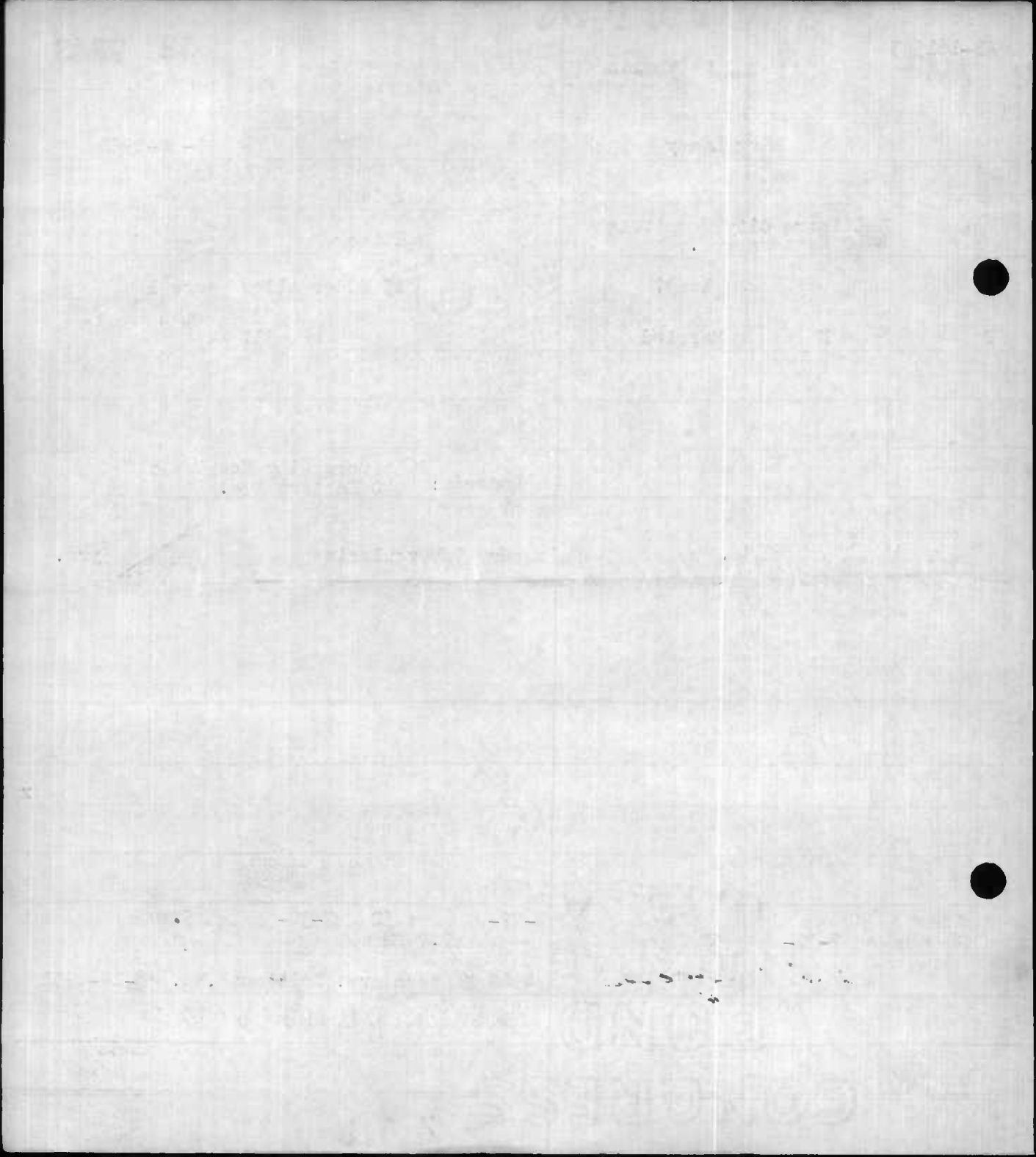
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 7-29- , 19 52 , to 7-30- , 19 52 , that I last saw the deceased alive on 7-30- , 19 52 , and that death occurred at 7:20 PM , from the causes and on the date stated above.				
23A. SIGNATURE C. S. Cohen		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 8-14-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL	AUG 18 1952

DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.	ADDRESS
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MEDICAL CERTIFICATION



230
52 7844
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7844
Registered No.

1. NAME OF DECEASED (Type or Print) GARNET, CASSIDY		2. DATE OF DEATH 8-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 4-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE UNIVERSITY HOSPITAL Redwood & GREEN STS.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE M.D.	
D. STREET ADDRESS (If rural, give location) 426 E. PRATT ST.		5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	
8. DATE OF BIRTH ?		9. AGE (in years last birthday) 44	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY ?	
11. BIRTHPLACE (State or foreign country) ?		12. CITIZEN OF WHAT COUNTRY? ?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT NO RELATIVES		ADDRESS ✓	

18. 002X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) FAR ADVANCED PULMONARY TUBERCULOSIS -		3 mo. approx.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8-6-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8-6-52 , 1952, to 8-11- , 1952, that I last saw the deceased alive on 8-11 , 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.				
23A. SIGNATURE John W. Cooper Jr.		23B. ADDRESS University Hospital		23C. DATE SIGNED 8-11-52
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county)		24E. DATE		24F. STATE

DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	
VS 150							

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101

THE UNIVERSITY OF CHICAGO
LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES

102



52 7845
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7845

1. NAME OF DECEASED (Type or Print) LAWRENCE JOHNSON		2. DATE OF DEATH July 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital Length of stay in Baltimore 36 Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-02	
6. COLOR OR RACE male colored		D. STREET ADDRESS (If rural, give location) 1218 Whatcoat Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH U	9. AGE (In years last birthday) 70	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) K	
13. FATHER'S NAME UNKNOWN		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME O		17. INFORMANT N	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. ADDRESS			

18. **422.1** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) **Arteriosclerotic cardiovascular disease**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>B. Fisher</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED July 24, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS
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STATE OF NEW YORK
CERTIFICATE OF DEATH

1900

STATE OF NEW YORK

1900

400

52 7846

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7846

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RICHARD HALL			2. DATE OF DEATH August 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-01		
D. STREET ADDRESS (If rural, give location) 1530 8th Avenue			E. 1195 Bond		
5. LENGTH OF STAY IN BALTIMORE 104			6. DATE OF BIRTH		
7. SEX Male			8. AGE (In years last birthday) 40		
9. COLOR OR RACE Colored			10. UNDER 1 Year Months Days		
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			12. UNDER 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Aiken Co. S.C.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Frank Hall			14. MOTHER'S MAIDEN NAME Natie Hall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Kerry Dandy			ADDRESS		

18. E 824.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Crushing injury of abdomen DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Edgemere, Maryland 5300	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY August 18, 1952 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? truck ran over him after he fell as he jumped for running board	

22. I certify that I took charge of the remains described above, held an _____ thereon and from _____ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. [Signature]		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED August 19, 1952	
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24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Aug. 22, 1952		24C. NAME OF CEMETERY OR CREMATORY St. Calvary Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Clay O W [Signature]	
VS 151		N 568.2		1000 Brantley	

MEDICAL CERTIFICATION

7390

9138

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7847**

BIRTH NO. **52 7847**

1. NAME OF DECEASED (Type or Print) FLOYD HOLMES			2. DATE OF DEATH AUGUST 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 250 N. Exeter St.			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec 25th	9. AGE (In years last birthday) 74	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY Unemployed		
11. BIRTHPLACE (State or foreign country) South Carolina			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME not none			14. MOTHER'S MAIDEN NAME not none		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Edward Johnson Friend		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		19. CAUSE OF DEATH 250 N. Exeter St.			

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		19. CAUSE OF DEATH 250 N. Exeter St.	
(A) DUE TO		(B) DUE TO	
(C) DUE TO		(D) DUE TO	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Love</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED August 21, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Aug 23/52		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	
24D. LOCATION (City, town or county) (State) Anne Arundel Co. Md		25. FUNERAL DIRECTOR Chory O Wilson		ADDRESS 7090 Bryantley	
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Chory O Wilson	

B-650
52 7848
BIRTH NO. 52-13804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7848
Registered No.

1. NAME OF DECEASED (Type or Print) Elwood BROWN			2. DATE OF DEATH 8-20-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 1347 Woodyear 15-01		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-20-52	9. AGE (In years last birthday) 30	10. Under 1 Year Months: 0 Days: 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Zeno BROWN			14. MOTHER'S MAIDEN NAME Shirley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -	17. INFORMANT Mother ADDRESS 1347 Woodyear		

18. **772.0** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Malnutrition
DUE TO
INTERVAL BETWEEN ONSET AND DEATH
1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CERTIFICATION APPROVED BY
William [Signature] M.D.
DUE TO
(C) CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) -	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -			
21d. TIME (Month) (Day) (Year) (Hour) INJURY -	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? -			

22. I hereby certify that I attended the deceased from **8-20**, 19**52**, to **8-20**, 19**52**, that I last saw the deceased alive on **8-20**, 19**52**, and that death occurred at **6:10** p.m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** M.D. 23b. ADDRESS **Provident Hospital** 23c. DATE SIGNED **8-21-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/23/52	24c. NAME OF CEMETERY OR CREMATORY Mt Auburn	24d. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Geo. B. Kelson ADDRESS Presitman St.	

VS 150

195200071804

CERTIFICATE OF DEATH

NAME

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

52-630
52 7849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7849
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIE F. LEARD

2. DATE
OF
DEATH

August 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

3640 Beech Ave. 13-07

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3640 Beech Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Chel B. Poe 3640 Beech Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis

5 da.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis CVD &

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Polyp-Bladder

1 year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7-13, 1942, to 8-21, 1952, that I last saw the deceased alive on 8-21, 1952, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Lawrence J. Humann

3711 2nd Rd.

8-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 22 1952

Huntington Williams, M.D. Paul C. Chenevix-Trenchard, 3645-17 Chestnut Ave.

VS 150

19520007845

MEDICAL CERTIFICATION

1918

RECEIVED BY THE
OFFICE OF THE
SHERIFF

1918



13-622
52 7850BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

X 52 7850

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Delano Briggs

2. DATE
OF
DEATH

8/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Annapolis

D. STREET ADDRESS (If rural, give location)

66 State Circle

5210

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

June 25, 1892

9. AGE (in years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR
INDUSTRY

Tea Room

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mr. William B. Briggs

14. MOTHER'S MAIDEN NAME

Elizabeth Thomson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-32-3957

17. INFORMANT ADDRESS
Mrs. D. J. Fitzgerald - 203 Taplow Rd.

18. 158X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Retroperitoneal sarcoma

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1952, to Aug 21, 1952, that I last saw the
deceased alive on Aug 21, 1952, and that death occurred at 12:25 pm., from the causes and on the date stated above.

23A. SIGNATURE

Harold S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

8-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/23/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tichener & Sons

VS 150

185290807

Baltimore 17, Md.

0000

5

RECEIVED - [illegible]

19 [illegible]



Mrs. Catherine Jefferson
J-162
52 7851

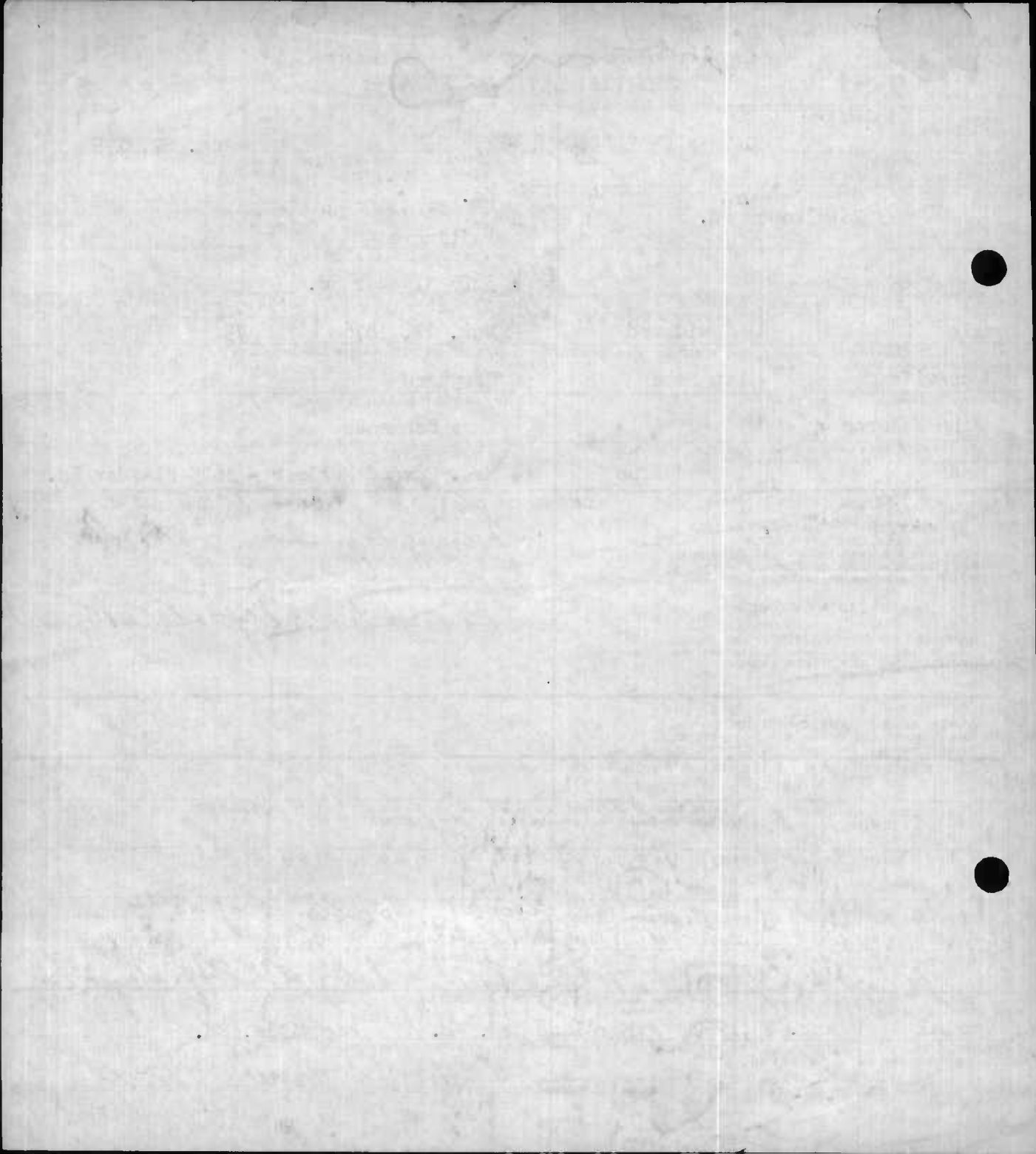
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7851
Registered No. _____

1. NAME OF DECEASED (Type or Print) CATHERINE ELIZABETH JEFFERSON		2. DATE OF DEATH Aug. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 3625 Elkader Rd.	
5. SEX female		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 11, 1876	
9. AGE (In years last birthday) 75		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Waldron		14. MOTHER'S MAIDEN NAME Anna Schmenke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Edmund Woelper - 3625 Elkader Rd.		ADDRESS	

18. 421.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Stroke (A) DUE TO Embolic stroke & Myocardial infarction (B) DUE TO (C)		CAUSE OF DEATH Stroke Embolic stroke & Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 21, 1952 to Aug 22, 1952 , that I last saw the deceased alive on Aug 22, 1952 , and that death occurred at 2:40 p.m., from the causes and on the date stated above.					
23A. SIGNATURE W. D. [Signature]		23B. ADDRESS 817 Medical [Signature]		23C. DATE SIGNED Aug 23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 25, 1952		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.	
24D. LOCATION (City, town, or county) (State) Parkville, Md.		25. FUNERAL DIRECTOR Wm. J. Vickers & Sons		ADDRESS Belts. 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952		REGISTRAR'S SIGNATURE Huntington Williams		VS 150	



P.355
52 7852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7852
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN PITTMAN		2. DATE OF DEATH 8/21/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt Md		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt City	
C. Length of stay in Baltimore 35 Yrs		D. STREET ADDRESS (If rural, give location) 527 N. Mount St 19-01	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/5/1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INMATE		10B. KIND OF BUSINESS OR INDUSTRY Contracting	9. AGE (In years last birthday) 57
13. FATHER'S NAME Jim Pittman		14. MOTHER'S MAIDEN NAME Ida Heverin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
11. BIRTHPLACE (State or foreign country) Orlando N. C		12. CITIZEN OF WHAT COUNTRY?	
17. INFORMANT Edleen Chaston		ADDRESS 928 Haverhill St	

18. 179X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I CARCINOMA OF PENIS DUE TO LOCAL EXTENSION + PULMONARY METASTASIS? CARDIO-PULMONIC FAILURE	CAUSE OF DEATH CARCINOMA OF PENIS LOCAL EXTENSION + PULMONARY METASTASIS? CARDIO-PULMONIC FAILURE	INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/1**, 1952, to **8/21**, 1952, that I last saw the deceased alive on **8/21**, 1952, and that death occurred at **3⁰⁰ a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **John D. Barrett** M. D. 23B. ADDRESS **University Hosp. Balt. Md** 23C. DATE SIGNED **8/21/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/24/52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	24D. LOCATION (City, town, or county) (State) B. G. Co. Md
DATE RECEIVED BY LOCAL REGISTRAR 10-22-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. L. Brown ADDRESS 108 W. Montgomery St

VS 150

MEDICAL CERTIFICATION

19520007840

5235

BRITISH AIR FORCE
CERTIFICATE OF DEATH

1. NAME OF DECEASED <p>11.1.11</p>		2. SERVICE NUMBER <p>11.1.11</p>	
3. GRADE OR RANK <p>11.1.11</p>		4. BRANCH <p>11.1.11</p>	
5. PLACE OF BIRTH <p>11.1.11</p>		6. DATE OF BIRTH <p>11.1.11</p>	
7. PLACE OF DEATH <p>11.1.11</p>		8. DATE OF DEATH <p>11.1.11</p>	
9. CAUSE OF DEATH <p>11.1.11</p>		10. SIGNATURE OF MEDICAL OFFICER <p>11.1.11</p>	
11. SIGNATURE OF COMMANDING OFFICER <p>11.1.11</p>		12. SIGNATURE OF WITNESS <p>11.1.11</p>	
13. SIGNATURE OF DECEASED <p>11.1.11</p>		14. SIGNATURE OF NEXT OF KIN <p>11.1.11</p>	
15. SIGNATURE OF DECEASED <p>11.1.11</p>		16. SIGNATURE OF DECEASED <p>11.1.11</p>	
17. SIGNATURE OF DECEASED <p>11.1.11</p>		18. SIGNATURE OF DECEASED <p>11.1.11</p>	
19. SIGNATURE OF DECEASED <p>11.1.11</p>		20. SIGNATURE OF DECEASED <p>11.1.11</p>	
21. SIGNATURE OF DECEASED <p>11.1.11</p>		22. SIGNATURE OF DECEASED <p>11.1.11</p>	
23. SIGNATURE OF DECEASED <p>11.1.11</p>		24. SIGNATURE OF DECEASED <p>11.1.11</p>	
25. SIGNATURE OF DECEASED <p>11.1.11</p>		26. SIGNATURE OF DECEASED <p>11.1.11</p>	
27. SIGNATURE OF DECEASED <p>11.1.11</p>		28. SIGNATURE OF DECEASED <p>11.1.11</p>	
29. SIGNATURE OF DECEASED <p>11.1.11</p>		30. SIGNATURE OF DECEASED <p>11.1.11</p>	
31. SIGNATURE OF DECEASED <p>11.1.11</p>		32. SIGNATURE OF DECEASED <p>11.1.11</p>	
33. SIGNATURE OF DECEASED <p>11.1.11</p>		34. SIGNATURE OF DECEASED <p>11.1.11</p>	
35. SIGNATURE OF DECEASED <p>11.1.11</p>		36. SIGNATURE OF DECEASED <p>11.1.11</p>	
37. SIGNATURE OF DECEASED <p>11.1.11</p>		38. SIGNATURE OF DECEASED <p>11.1.11</p>	
39. SIGNATURE OF DECEASED <p>11.1.11</p>		40. SIGNATURE OF DECEASED <p>11.1.11</p>	
41. SIGNATURE OF DECEASED <p>11.1.11</p>		42. SIGNATURE OF DECEASED <p>11.1.11</p>	
43. SIGNATURE OF DECEASED <p>11.1.11</p>		44. SIGNATURE OF DECEASED <p>11.1.11</p>	
45. SIGNATURE OF DECEASED <p>11.1.11</p>		46. SIGNATURE OF DECEASED <p>11.1.11</p>	
47. SIGNATURE OF DECEASED <p>11.1.11</p>		48. SIGNATURE OF DECEASED <p>11.1.11</p>	
49. SIGNATURE OF DECEASED <p>11.1.11</p>		50. SIGNATURE OF DECEASED <p>11.1.11</p>	
51. SIGNATURE OF DECEASED <p>11.1.11</p>		52. SIGNATURE OF DECEASED <p>11.1.11</p>	
53. SIGNATURE OF DECEASED <p>11.1.11</p>		54. SIGNATURE OF DECEASED <p>11.1.11</p>	
55. SIGNATURE OF DECEASED <p>11.1.11</p>		56. SIGNATURE OF DECEASED <p>11.1.11</p>	
57. SIGNATURE OF DECEASED <p>11.1.11</p>		58. SIGNATURE OF DECEASED <p>11.1.11</p>	
59. SIGNATURE OF DECEASED <p>11.1.11</p>		60. SIGNATURE OF DECEASED <p>11.1.11</p>	
61. SIGNATURE OF DECEASED <p>11.1.11</p>		62. SIGNATURE OF DECEASED <p>11.1.11</p>	
63. SIGNATURE OF DECEASED <p>11.1.11</p>		64. SIGNATURE OF DECEASED <p>11.1.11</p>	
65. SIGNATURE OF DECEASED <p>11.1.11</p>		66. SIGNATURE OF DECEASED <p>11.1.11</p>	
67. SIGNATURE OF DECEASED <p>11.1.11</p>		68. SIGNATURE OF DECEASED <p>11.1.11</p>	
69. SIGNATURE OF DECEASED <p>11.1.11</p>		70. SIGNATURE OF DECEASED <p>11.1.11</p>	
71. SIGNATURE OF DECEASED <p>11.1.11</p>		72. SIGNATURE OF DECEASED <p>11.1.11</p>	
73. SIGNATURE OF DECEASED <p>11.1.11</p>		74. SIGNATURE OF DECEASED <p>11.1.11</p>	
75. SIGNATURE OF DECEASED <p>11.1.11</p>		76. SIGNATURE OF DECEASED <p>11.1.11</p>	
77. SIGNATURE OF DECEASED <p>11.1.11</p>		78. SIGNATURE OF DECEASED <p>11.1.11</p>	
79. SIGNATURE OF DECEASED <p>11.1.11</p>		80. SIGNATURE OF DECEASED <p>11.1.11</p>	
81. SIGNATURE OF DECEASED <p>11.1.11</p>		82. SIGNATURE OF DECEASED <p>11.1.11</p>	
83. SIGNATURE OF DECEASED <p>11.1.11</p>		84. SIGNATURE OF DECEASED <p>11.1.11</p>	
85. SIGNATURE OF DECEASED <p>11.1.11</p>		86. SIGNATURE OF DECEASED <p>11.1.11</p>	
87. SIGNATURE OF DECEASED <p>11.1.11</p>		88. SIGNATURE OF DECEASED <p>11.1.11</p>	
89. SIGNATURE OF DECEASED <p>11.1.11</p>		90. SIGNATURE OF DECEASED <p>11.1.11</p>	
91. SIGNATURE OF DECEASED <p>11.1.11</p>		92. SIGNATURE OF DECEASED <p>11.1.11</p>	
93. SIGNATURE OF DECEASED <p>11.1.11</p>		94. SIGNATURE OF DECEASED <p>11.1.11</p>	
95. SIGNATURE OF DECEASED <p>11.1.11</p>		96. SIGNATURE OF DECEASED <p>11.1.11</p>	
97. SIGNATURE OF DECEASED <p>11.1.11</p>		98. SIGNATURE OF DECEASED <p>11.1.11</p>	
99. SIGNATURE OF DECEASED <p>11.1.11</p>		100. SIGNATURE OF DECEASED <p>11.1.11</p>	

H-120
52 7853BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7853
Registered No.

BIRTH NO. <i>100115</i>		1. NAME OF DECEASED (Type or Print) <i>HOBBES, RAYMOND MYLE</i>		2. DATE OF DEATH <i>8/21/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>HOWARD</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>UNIVERSITY HOSPITAL</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>DAYTON</i>	
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) <i>6200</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>		8. DATE OF BIRTH <i>1-4-1952</i>	9. AGE (In years last birthday) <i>7</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CHILD</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>		11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	
13. FATHER'S NAME <i>ARNOLD HOBBES</i>				12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>				14. MOTHER'S MAIDEN NAME <i>KATHRYN BROWN</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>				17. INFORMANT ADDRESS <i>ARNOLD HOBBES, DAYTON, Md.</i>	
18. <i>571.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>NON-SPECIFIC DIARRHEA</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH <i>NON-SPECIFIC DIARRHEA</i> INTERVAL BETWEEN ONSET AND DEATH <i>6 DAYS</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/11/52</i> to <i>8/21/52</i> , that I last saw the deceased alive on <i>8/21/52</i> , and that death occurred at <i>10:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Grace B. Smith, Jr.</i>		23B. ADDRESS <i>University Hosp. Balto</i>		23C. DATE SIGNED <i>8/21/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>8-24-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LINTHICUM CHAPEL</i>	
24D. LOCATION (City, town, or county) <i>CLARKSVILLE, Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>8-22-52</i>		25. FUNERAL DIRECTOR ADDRESS <i>F.C. NIGER BOTHOM, ELLICOTT CITY, Md.</i>	

5-10-58

CERTIFICATE OF DEATH

10-10-58

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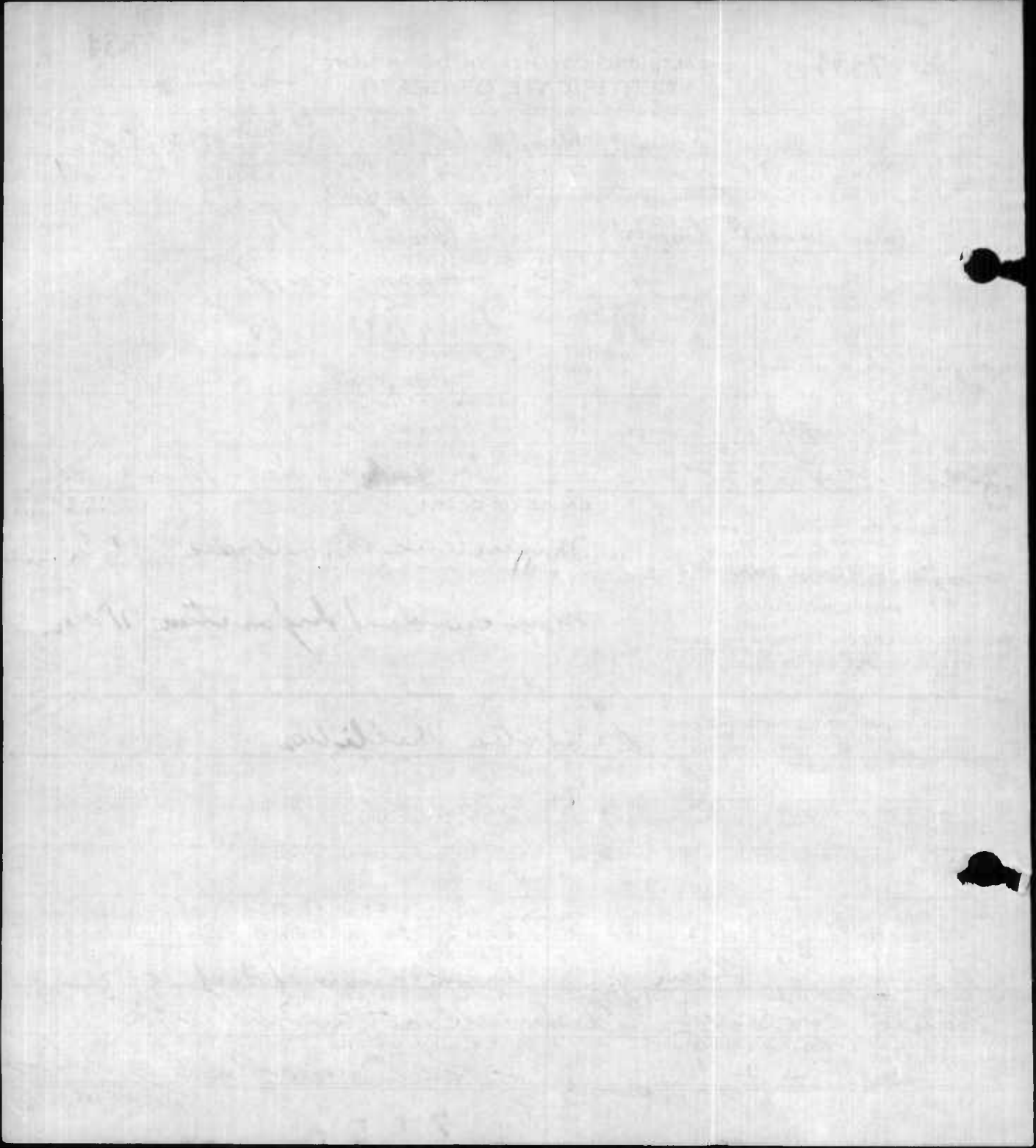
10-10-58

10-10-58

W-516
52 7854BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7854

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Wenneberger, Howard Randolph</i>			2. DATE OF DEATH <i>8/21/52</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Phoenix P.O.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			D. STREET ADDRESS (If rural, give location) <i>Dunmy Brook 5200</i>			E. LENGTH OF STAY IN BALTIMORE <i>11</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Dec. 7, 1893</i>		9. AGE (In years last birthday) <i>58</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Winfield Ellsworth Wenneberger</i>	
14. MOTHER'S MAIDEN NAME <i>Jennie Corbin (D)</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>1-2-World War</i>		17. INFORMANT <i>Wife Frank Wenneberger Phoenix, Ind.</i>		ADDRESS	
18. <i>420.1 and 260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>MESENTERIC THROMBOSIS</i> DUE TO <i>MYOCARDIAL INFARCTION</i> DUE TO <i>DIABETES MELLITUS</i>			CAUSE OF DEATH (BEULAH) <i>MESENTERIC THROMBOSIS</i> <i>MYOCARDIAL INFARCTION</i> <i>DIABETES MELLITUS</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>11 days</i>			
19A. DATE OF OPERATION <i>Aug 21 1952</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 10</i> , 1952 to <i>Aug 21</i> , 1952, that I last saw the deceased alive on <i>Aug 21</i> , 1952, and that death occurred at <i>2:00 P.m.</i> , from the causes and on the date stated above.									
23A. SIGNATURE <i>Harvey S. Green, Jr.</i>			23B. ADDRESS <i>Union Memorial Hosp</i>			23C. DATE SIGNED <i>8-21-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE <i>Aug 25-1952</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Crest</i>			
24D. LOCATION (City, town, or county) <i>Parkville Md</i>			24E. DATE RECEIVED BY LOCAL REGISTRAR <i>Aug 22 1952</i>			24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			
24G. FUNERAL DIRECTOR <i>John Burns Sons</i>			24H. ADDRESS <i>610 York Rd</i>			24I. SIGNATURE <i>John Burns</i>			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7855
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) BARBARA HAAS			2. DATE OF DEATH Aug. 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2315 Nassau Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2315 Nassau Street 20-04		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31, 1885		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ? Harrington			14. MOTHER'S MAIDEN NAME ? 		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT 2315 Nassau Street Mr. Edward G. Haas		

18. 174X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Uterus		INTERVAL BETWEEN ONSET AND DEATH 2
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 15, 1952** to **Aug 20, 1952** that I last saw the deceased alive on **Aug 20, 1952** and that death occurred at **4 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE Harry Glassman M. D.	23B. ADDRESS 2687 Western Ave	23C. DATE SIGNED Aug 26, 52
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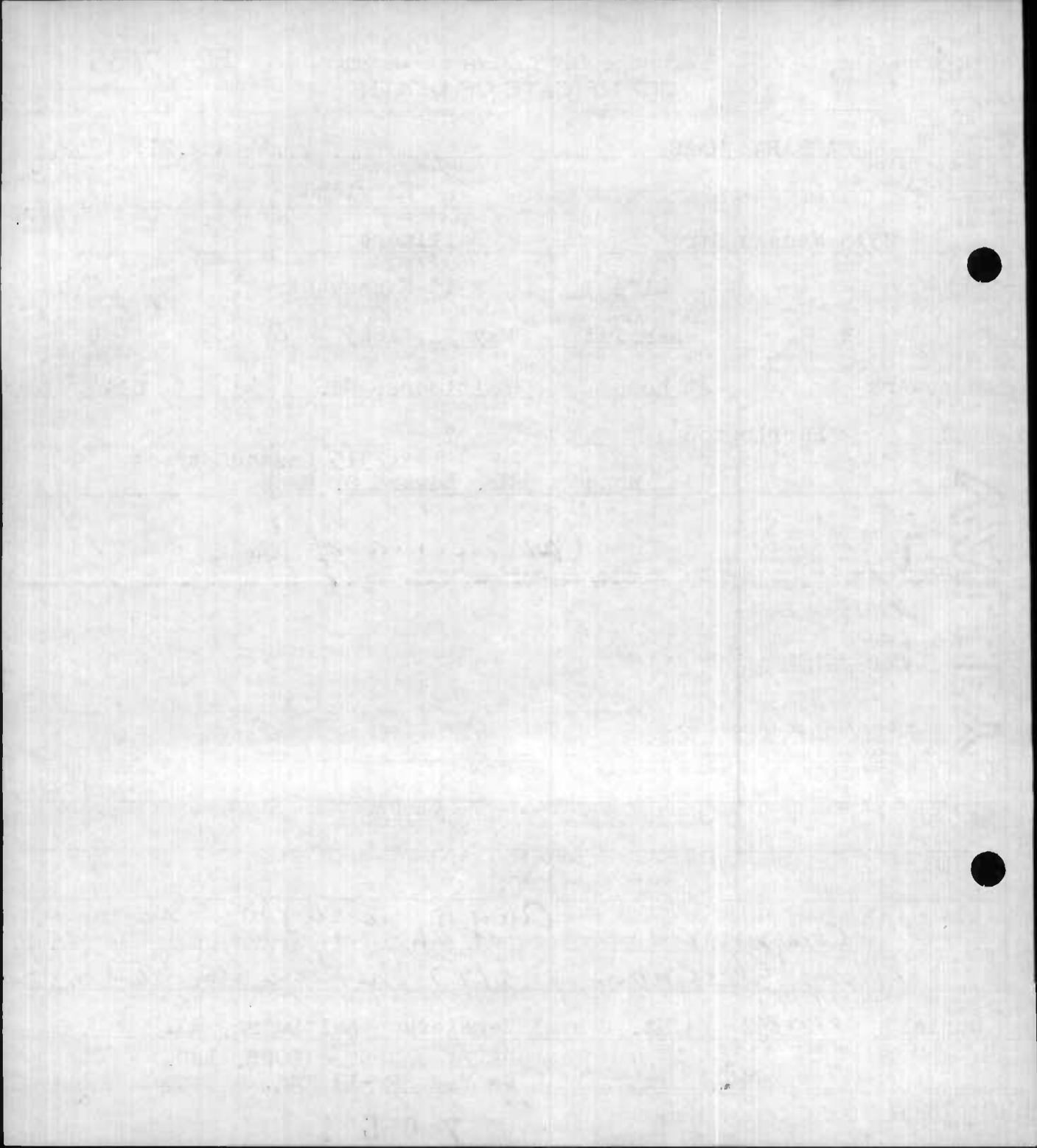
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 8/23/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	ADDRESS BALTIMORE -13, Md.
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AUG 22 1952

1 5 2 0 0 7 8 5 1

MEDICAL CERTIFICATION



M-200
52 7856BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7856

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George L. Mauzy (George Layton Mauzy)

2. DATE
OF
DEATH

8-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

50 years

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 20, 1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Baggage Man,

10B. KIND OF BUSINESS OR
INDUSTRY

B.&O. Rail Road

11. BIRTHPLACE (State or foreign country)

Frederick County
MARYLAND12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Champe Mauzy,

14. MOTHER'S MAIDEN NAME

Kate Hilleary,

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records,

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Respiratory acidosis

DUE TO

congestive heart failure and
chronic bronchitis, emphysema

(B)

DUE TO

arteriosclerotic cardiovascular disease

(C)

72 hrs.

- 2 yrs

- 30 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18 1952, to 8-20 1952, that I last saw the
deceased alive on 8-20 1952, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Wolfe.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

8-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Cem.

24D. LOCATION (City, town, or county) (State)

Parkville, Balto. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Solomon Zeman. 4611 Park Heights Ave.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1914.

REPORT

OF THE

ATTORNEY GENERAL

FOR THE YEAR

1913.

ALBANY:

1914.

PRINTED BY

THE STATE

OF NEW YORK

PRINTING OFFICE

ALBANY.

1914.

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1914.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 7857

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Hellmann, Mary Ellen</u>			2. DATE OF DEATH <u>August 21, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore #15</u>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>2804 Norfolk Avenue</u> <u>15-12</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 31, 1875</u>		9. AGE (In years last birthday) <u>77</u> H Under 1 Year _____ Months: _____ Days _____ H Under 24 Hours _____ Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland, Baltimore City.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James Kaine</u>			14. MOTHER'S MAIDEN NAME <u>Mary Scherer</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Joseph W. Hellmann, 2804 Norfolk Ave.</u>		

18. <u>442x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <div style="text-align: center;"> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. </div>	CAUSE OF DEATH (A) <u>Uremia</u> DUE TO (B) <u>Nephrosclerosis</u> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. heart failure
Arteriosclerosis, generalized; Congestive

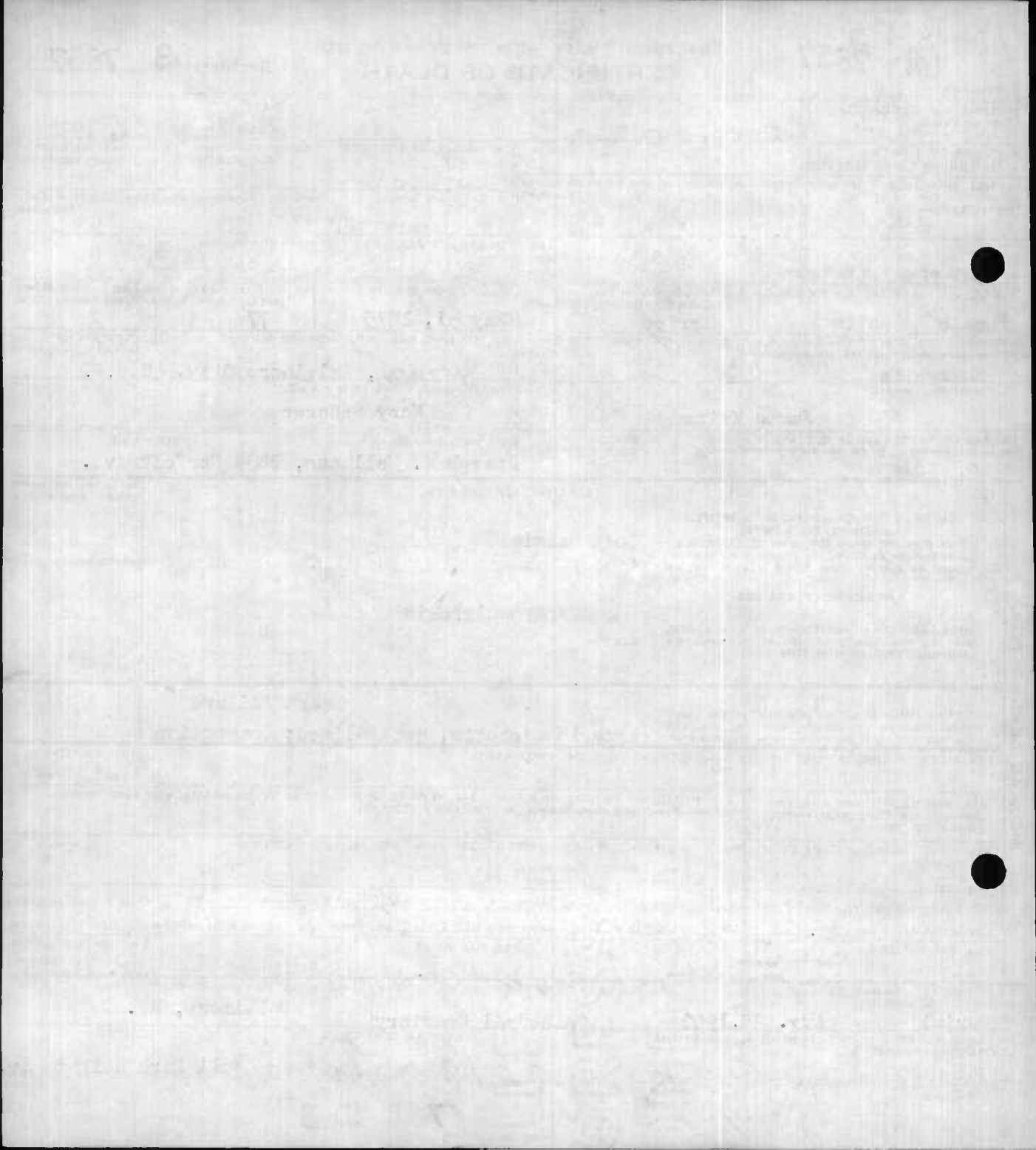
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from August 18, 1952, to August 21, 1952 that I last saw the deceased alive on Aug. 21, 1952 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Caroline L. Lemmon</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>Aug. 21, 1952</u>	
--	--	---	--	---------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Aug. 25, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Cathedral Cemetery</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	

UG 22-1952 Thurston Williams, M.D. Lo. Vernon Lemmon 4611 Park Heights Av



D-525

52 7858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES DUNCAN

2. DATE
OF
DEATH

21 AUG. 52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

MD.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-12

d. STREET ADDRESS (If rural, give location)

5219 REISTERSTOWN RD.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

4-10-78

9. AGE (In years
last birthday)

74

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret - Stationary Engineer - Emerson Hotel Chincoteague, Virginia

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Duncan

14. MOTHER'S MAIDEN NAME

Charlotte

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

70

Charles W. Duncan, Jr. 5219 Reis. Rd.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia, left lung

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Aug., 1952, to 21 Aug., 1952, that I last saw the
deceased alive on 21 Aug., 1952 and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE

M. D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

16 22 1952

VS 150

Huntington Williams, M.D.

Wm. Cook, Inc., 1217 St. Paul St.

19 5 2 0 583 718 5 4

MEDICAL CERTIFICATION

25 258

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

258

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W-250
52 7859BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7859
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BENJAMIN H. WASSON			2. DATE OF DEATH AUGUST 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			E. STREET ADDRESS (If rural, give location) 1728 Harford Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	B. DATE OF BIRTH Jan. 21, 1890	9. AGE (in years last birthday) 62	H Under 1 Year Months: _____ Days: _____ H Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) Indiana		
10B. KIND OF BUSINESS OR INDUSTRY Brush Company			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Elias Wasson			14. MOTHER'S MAIDEN NAME Emma		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Catherine Wasson, 1728 Harford Ave.			ADDRESS		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage Ischemic INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH (A) Cerebral Hemorrhage
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypertensive Heart Disease DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Smith</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED August 21, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 8/23/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		

DATE RECEIVED BY LOCAL REGISTRAR 8-22-1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St. Paul Street
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VS 151

1952090932855

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UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1907

OFFICE OF THE
DIRECTOR

REPORT

ON THE

PLANT INDUSTRY

IN

THE STATE OF

ALABAMA

1907

BY

W. L. GIBSON

AND

J. H. HARRIS

1907

ALABAMA

DEPARTMENT OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

ALABAMA

1907

1907

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1907

1907

1907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7860
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOEL BROWN GODMAN			2. DATE OF DEATH August 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 928 Wilmot Court			10-02		
5. SEX Male			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH 4-27-1880		
9. AGE (In years last birthday) 72			10. Under 1 Year Months: Days		
11. BIRTHPLACE (State or foreign country) Baltimore Co., Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Eldridge Godman			14. MOTHER'S MAIDEN NAME Elizabeth Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Elizabeth M. Godman, 928 Wilmot Court			ADDRESS		

18. **E812.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Fracture of jaw**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Laceration of left side of face**(C) **Contusion of brain**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Ensor and Madison Streets 10/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug. 18, 1952 2:30 P.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by truck	

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William W. Cook</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED August 22, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 8/25/52		24C. NAME OF CEMETERY OR CREMATORY Govans Presbyterian Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

RECORD OF THE
CITY OF NEW YORK

1911

THE CITY OF NEW YORK, OFFICE OF THE COMMISSIONER OF THE DEPARTMENT OF PUBLIC WORKS, BUREAU OF THE CITY ENGINEER, HAS THE HONOR TO ACKNOWLEDGE THE RECEIPT OF THE FOLLOWING:

RECEIVED OF THE CITY OF NEW YORK, THE SUM OF

DOLLARS

AND NO CENTS

FOR THE YEAR 1911

IN FULL PAYMENT OF

THE TAXES DUE ON

THE PROPERTY OF

THE CITY OF NEW YORK

FOR THE YEAR 1911

AND NO CENTS

IN FULL PAYMENT OF

THE TAXES DUE ON

THE PROPERTY OF

THE CITY OF NEW YORK

FOR THE YEAR 1911

AND NO CENTS

IN FULL PAYMENT OF

THE TAXES DUE ON

THE PROPERTY OF

THE CITY OF NEW YORK

FOR THE YEAR 1911

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7861
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HORACE ELMER ADREON

2. DATE
OF
DEATH

August 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st Street

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE **Maryland**

B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2027 Edmonson Avenue 20-01

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

10/13/98

9. AGE (In years
last birthday)

53

11 Under 1 Year
Months; Days

11 Under 24 Hours
Hours; Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grinder

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Ralph Adreon

14. MOTHER'S MAIDEN NAME

Ada Bennett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes WWI -

16. SOCIAL
SECURITY NO.
218-10-6419

17. INFORMANT

ADDRESS

Records-US PHS Hospital, Balto, Md.

18. **422.2**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Myocardial hypertrophy and dilatation
with visceral congestion. Pulmonary
edema.**

**Two
weeks**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Gangrenous appendix**

Recent

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug. 7, 1952** to **Aug. 21, 1952**, that I last saw the
deceased alive on **Aug. 21, 1952**, and that death occurred at **8:50 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. A. Hunter, Clinical Director

M. D.

US PHS Hospital, Balto, Md.

8/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8/25/52

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Aug 24 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

12-28-88 5:10 PM

UNIVERSITY OF CALIFORNIA

A-2504

T-643
52 7863

52 7863

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) LAURA E. TALLETON		2. DATE OF DEATH 8.21.52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 440 E. Cross St		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 440 E. Cross St. 24-02			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 9.22.1890	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) MD.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME William Weston		14. MOTHER'S MAIDEN NAME Mary Husby	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Family - Same	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 1 , 19 44 , to Aug 21 , 19 52 , that I last saw the deceased alive on Aug 17 , 19 52 , and that death occurred at 7:15 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE H. L. Ferguson		23B. ADDRESS 1319 Lister St.		23C. DATE SIGNED 8.21.52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 8.24.52		24C. NAME OF CEMETERY OR CREMATORY Solomons	
24D. LOCATION (City, town, or county) (State) Solomons, Island		DATE RECEIVED BY LOCAL REGISTRAR Aug 22 1952		REGISTRAR'S SIGNATURE H. L. Ferguson	
25. FUNERAL DIRECTOR 1395 E. 1st St.		ADDRESS 1395 E. 1st St.			

MEDICAL CERTIFICATION

100-50

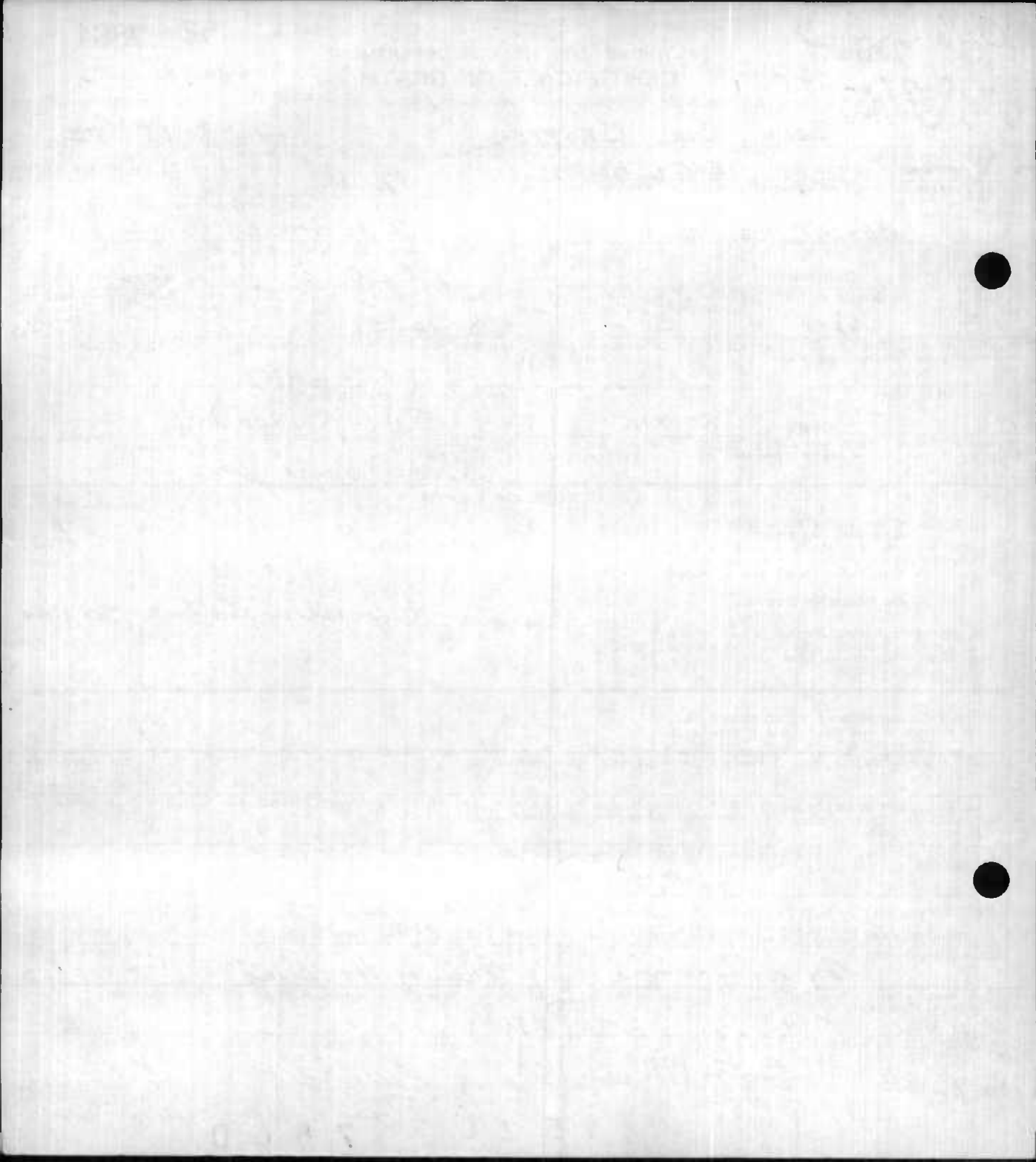
UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-50) FROM : SAC, NEW YORK (100-50) (P)
SUBJECT: [Illegible] (C)
RE: [Illegible] (C)
[The remainder of the document contains several paragraphs of extremely faint, illegible text, likely a teletype or memorandum. The text is mirrored across the page, suggesting bleed-through from the reverse side.]

1. NAME OF DECEASED (Type or Print) BABY GIRL CROPPER			2. DATE OF DEATH 8-15-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland MERCY HOSPITAL			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 37 MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 9-09		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1000 E. Preston St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	B. DATE OF BIRTH 8-14-52		9. AGE (In years last birthday) 8 Months: Days 30
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME THOMAS CROPPER			14. MOTHER'S MAIDEN NAME RUTH WHEELER.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mercy Hosp. Records		

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Prematurity		8 hrs.	
ANTECEDENT CAUSES		(B) DUE TO		30 mins	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-14-1952 to 8-15-1952 , that I last saw the deceased alive on 8-15-1952 , and that death occurred at 8 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE M. K. Quinn		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 8-15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 8-23-52		24C. NAME OF CEMETERY OR CREMATORY ST. PETERS CEM.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS Greenwood & Son			
DATE RECEIVED BY LOCAL REGISTRAR AUG 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Greenwood & Son	



52 7865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7865

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Lannazzi

2. DATE
OF
DEATH

Aug. 22, 1952

3. PLACE OF DEATH

A. Baltimore City, Maryland

Hal 3

B. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

New York

COUNTY

before admission)

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address of location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Elmont, Long Island

D. STREET ADDRESS

(If rural, give location)

714 Dieckman Lane

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-24-46

9. AGE (In years,
last birthday)10 Under 1 Year
Months: Days
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Angelo Lannazzi

14. MOTHER'S MAIDEN NAME

Josephine Scardaci

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Tetralogy of Fallot

INTERVAL BETWEEN
ONSET AND DEATH

6 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

and Left Lobar Pneumonia

3 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

Aug 14, 1952

19B. MAJOR FINDINGS OF OPERATION

Tetralogy of Fallot

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK
NOT WHILE ☐ AT WORK22. I hereby certify that I attended the deceased from 8/18, 1952 to 8/22, 1952 that I last saw the
deceased alive on 8/22, 1952 and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 22 1952

H. H. Williams, M.D.

Earl B. Liberator Funeral Home

VS-150

1952 403 E 7th St Baltimore Md

MEDICAL CERTIFICATION

Richard Lammagge
Jan 23/22

New York
714 Lincoln Ave
Schuylkill, Pa

1-24-22

New York
Josephine Lammagge

made white

Charles Lammagge

8/18 12/22 8/22 12

8/22 12

200
52 7866BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7866
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ROBERT WESLEY BECK Sr.		2. DATE OF DEATH AUG : 19-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3114 Stafford Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 26-06			
c. Length of stay in Baltimore Yrs. Life Mos. Days		O. STREET ADDRESS (If rural, give location) 3114 Stafford Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan:6 :1872	9. AGE (In years last birthday) 80	If Under 1 Year Months: * Days: * Hours: * Min. *
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Contractor		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Robert Beck		14. MOTHER'S MAIDEN NAME Mary..Unknown.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. -----		17. INFORMANT ADDRESS Ella A.Beck 3114 Stafford Street	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) coronary occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. Arteriosclerotic CVD.		CAUSE OF DEATH (A) coronary occlusion (B) Generalized arteriosclerosis (C) Arteriosclerotic CVD.		INTERVAL BETWEEN ONSET AND DEATH 10 Minutes unknown 2 years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1 , 19 52 , to Aug 19 , 19 52 , that I last saw the deceased alive on Aug 1 , 19 52 , and that death occurred at 11: P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Nathan Roemm		23B. ADDRESS M. O. 206 South Gilmore Street		23C. DATE SIGNED Aug 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE AUG:23-1952		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY	
24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR F.B. Wippert & Son		24H. ADDRESS 1300 EUTAW PI. 17		24I. DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1952	

52 7867

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7867
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		NELLIE M. SHEA		August 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Snyders Nursing Home 4702 Harford Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-48			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5629 Lothian Road			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 18, 1872	9. AGE (In years last birthday) 80	11. BIRTHPLACE (State or foreign country) Alexander Virginia
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Daniel C. Shea		14. MOTHER'S MAIDEN NAME Bridget Whalen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Kathleen Taylor, 5629 Lothain	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Anteriorly DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 week	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1953 to Aug. 23, 1953, that I last saw the deceased alive on Aug. 18, 1953, and that death occurred at 2:14 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Harold A. Graft, M.D.		23B. ADDRESS 8100 Harford Rd.		23C. DATE SIGNED 8/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/25/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
		FURNERARY DIRECTOR Leonard J. Ruck		ADDRESS 5305 Harford Road.	

78 7827

CERTIFICATE OF DEATH

WILLIAM A. SHAW

3000 LINDEN ROAD

ST. LOUIS, MO.

AT 11:15 P.M.

DECEASED

WILLIAM A. SHAW

Dr. Grotz

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7868
Registered No.

152
52 7868
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HELEN SHUBENOK		2. DATE OF DEATH August 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2106 E. Pratt Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Not know
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Russian
12. CITIZEN OF WHAT COUNTRY? Russian		13. FATHER'S NAME John Novitsky	
14. MOTHER'S MAIDEN NAME Maria		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Shubenok, 2106 E. Pratt St	
18. ADDRESS		19. ADDRESS	

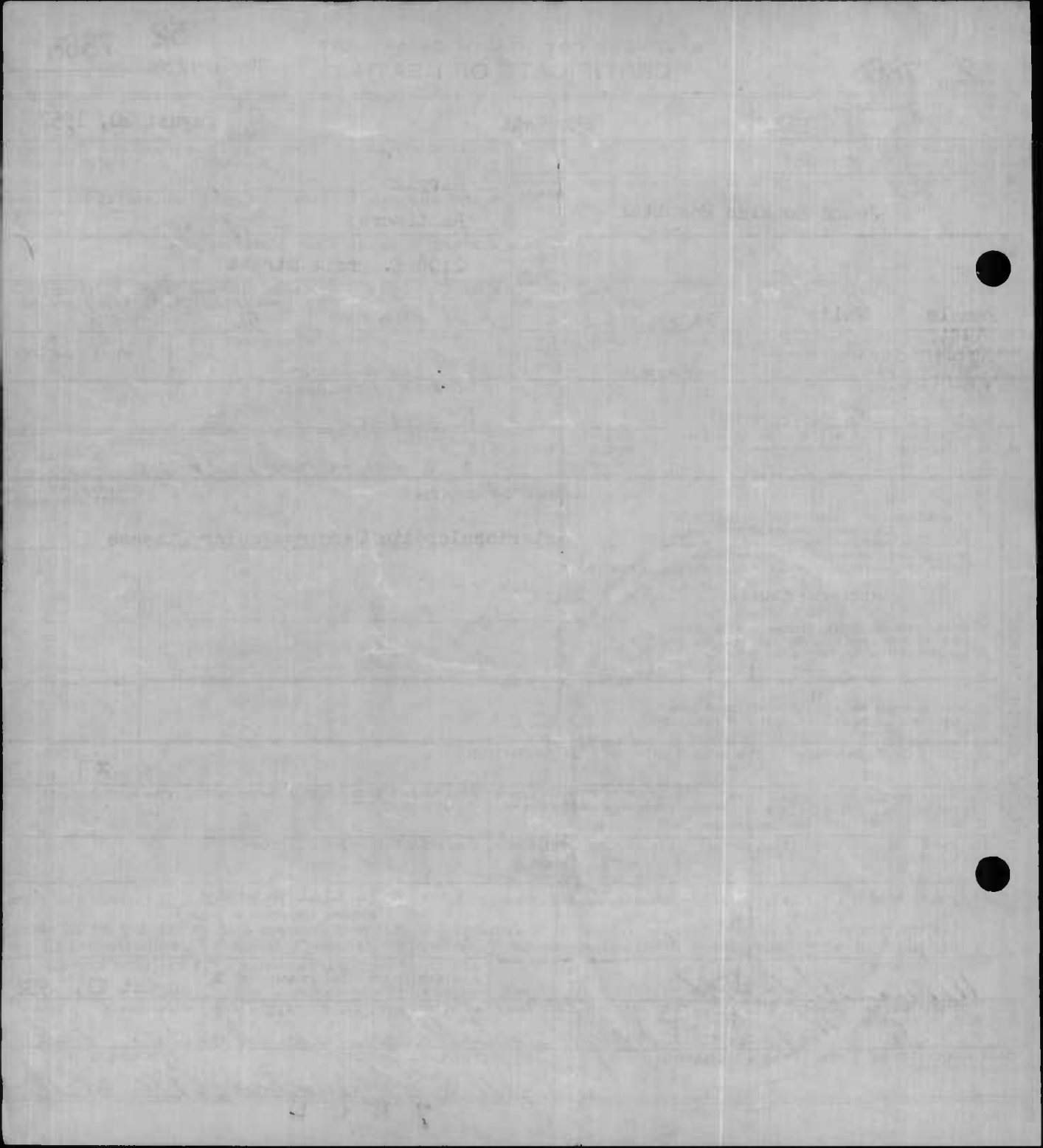
CAUSE OF DEATH

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Williams</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED August 21, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug-25-52	24C. NAME OF CEMETERY OR CREMATORY Holy Trinity Russian	24D. LOCATION (City, town, or county) (State) Elkridge Md.	
DATE RECEIVED BY LOCAL REGISTRAR Aug 23 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. J. Treblinger</i> ADDRESS 1905 E. Pratt St		



52 7869

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7869
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Mrs. Katherine E. Rogers		2. DATE OF DEATH August 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1329 W. 41st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-08			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1329 W. 41st Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 15, 1880	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier		10B. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME Joseph Kurtz		14. MOTHER'S MAIDEN NAME Magdelina Dingler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-03-8909		17. INFORMANT ADDRESS Mrs. Robert Anding 1329 W. 41st Street	

18. 420.1 and 237X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Coronary Thrombosis
DUE TO

(B) DUE TO
(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5/1952, to 8/22/52, 1952, that I last saw the deceased alive on 8/20, 1952, and that death occurred at 2 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Aug. 25, 1952

Western

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 23 1952

Huntington Williams, M.D.

Burgee Funeral Home

3631 Falls Road

VS 150

185 320 617 H. F. Burgee

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Mr. Louis Vogel Jr.
 2601 S. Monument St.
 Br. 4496
 Be 8792 12046

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7870
Registered No. _____

565
52 7870
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) PAUL EDWARD ZIMMERMAN				2. DATE OF DEATH August 2, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health service Hospital INSTITUTION Wyman Pk. Drive & 31st Street				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-01			
D. STREET ADDRESS (If rural, give location) 3306 Grenton Avenue							
5. SEX M				6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10/23/93				9. AGE (In years last birthday) 58		10. Under 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John Zimmerman				14. MOTHER'S MAIDEN NAME Fannie ? Meiser			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes WW I - USN				16. SOCIAL SECURITY NO. ---		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	

18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of liver		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7/14/52		19B. MAJOR FINDINGS OF OPERATION Cirrhosis of liver		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 5 , 19 52 , to Aug. 2 , 19 52 , that I last saw the deceased alive on Aug. 21 , 19 52 , and that death occurred at 10.30 A. m., from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 8/21/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 25, 1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Burgee Funeral Home		ADDRESS 3631 Falls Road	

VS 150
1 2 5 2 90 9 30 7 8 0 6

MEDICAL CERTIFICATION

52 7871

AB162217

650
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7871
Registered No.

1. NAME OF DECEASED (Type or Print)		Jefferson Curran (Curren)		2. DATE OF DEATH Aug. 22-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5200			
C. Length of stay in Baltimore 55yrs.		D. STREET ADDRESS (If rural, give location) North Point Rd. and South Cane Rd.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 28-1879	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pipefitter		10B. KIND OF BUSINESS OR INDUSTRY ---? ? ?		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Addison Curran (Curren)		14. MOTHER'S MAIDEN NAME Sarah Pearceon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? ?		16. SOCIAL SECURITY NO. ? ?		17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.	

18. 540.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Generalized Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 48 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Perforated Peptic Ulcer		?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8-20-1952		19B. MAJOR FINDINGS OF OPERATION Ruptured Gastric Ulcer		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-19-1952 to 8-22-1952, that I last saw the deceased alive on 8-22-1952, and that death occurred at 2.10A.m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 8-22-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/25/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (City, town, or county) Baltimore		24F. LOCATION (City, town, or county) Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John A. Moran	
				ADDRESS 3000 E. Balboe St.	

MEDICAL CERTIFICATION

1 4 5 2 57424 7 8 0 7

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

(To be filled out by the physician)

3

Hayes

6

635

52 7872

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7872

BIRTH NO. 52-20798

1. NAME OF DECEASED (Type or Print) <i>Andrea Leigh Martin</i>		2. DATE OF DEATH <i>8-22-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>13-05</i>	
C. Length of stay in Baltimore <i>8</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3111 Elmer Ave.</i> <i>33rd & Calvert St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>8-15-02</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>8</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Shelby Martin</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Motley</i>		ADDRESS	

18. <i>756.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>atelectasis rt. lung.</i> DUE TO (B) <i>Post-operative</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<i>Pneumonitis - bilat -</i>	<i>7 days</i>

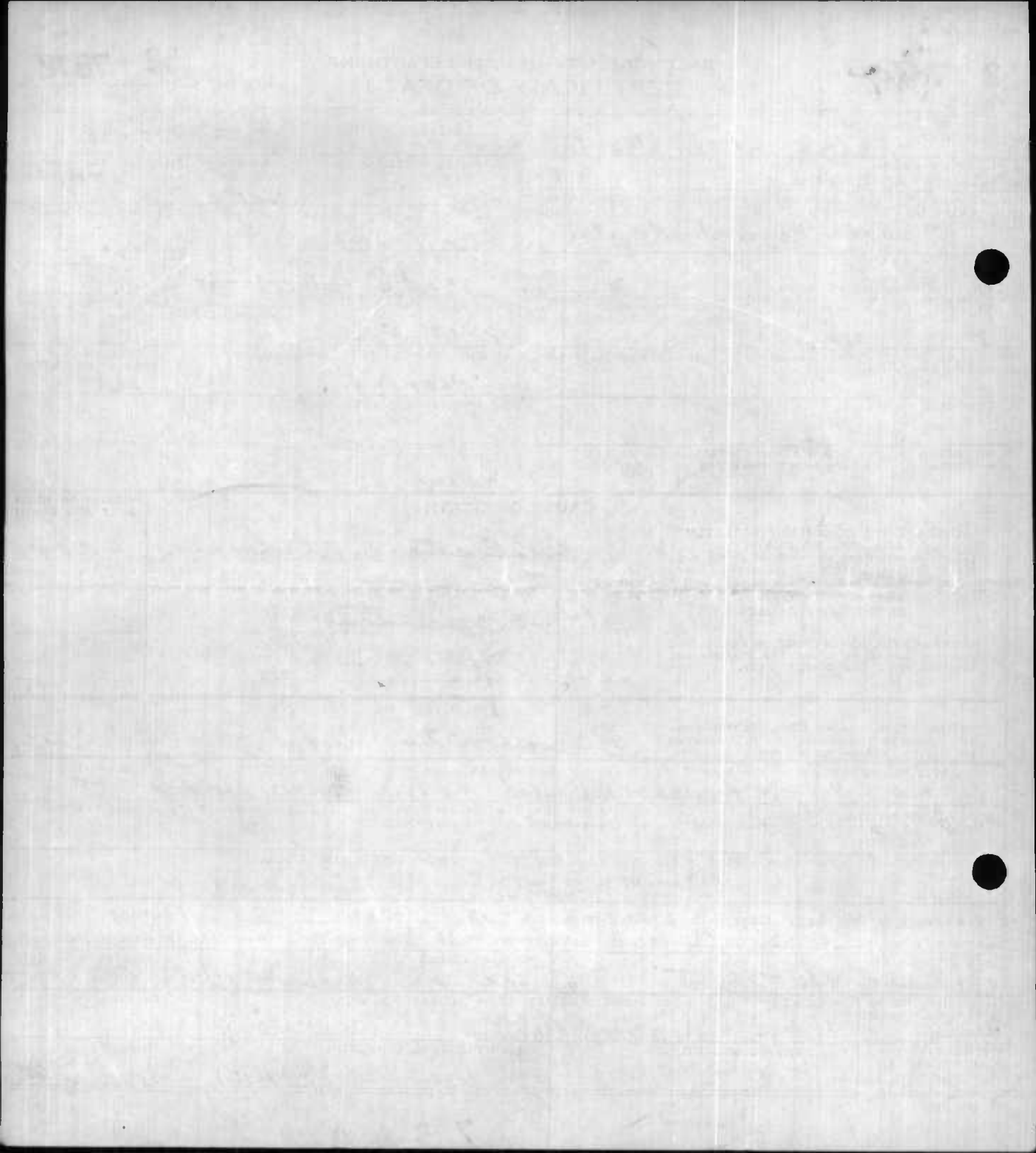
19A. DATE OF OPERATION <i>8-20-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Tracheo-esophageal fistula - primary anastomosis</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>8-15</i> , 19 <i>52</i> , to <i>8-22</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8-22</i> , 19 <i>52</i> , and that death occurred at <i>11:52</i> a.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Frances H. Zerbe</i>	23B. ADDRESS <i>Union Memorial Hospital</i>	23C. DATE SIGNED <i>8-22-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/23/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>
24D. LOCATION (City, town, or county) <i>Balto Md</i>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Md</i>	25. FUNERAL DIRECTOR <i>Harry H. Witzke</i>	ADDRESS <i>4101 Edmondson Ave</i>
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VS 150

1520007868

MEDICAL CERTIFICATION



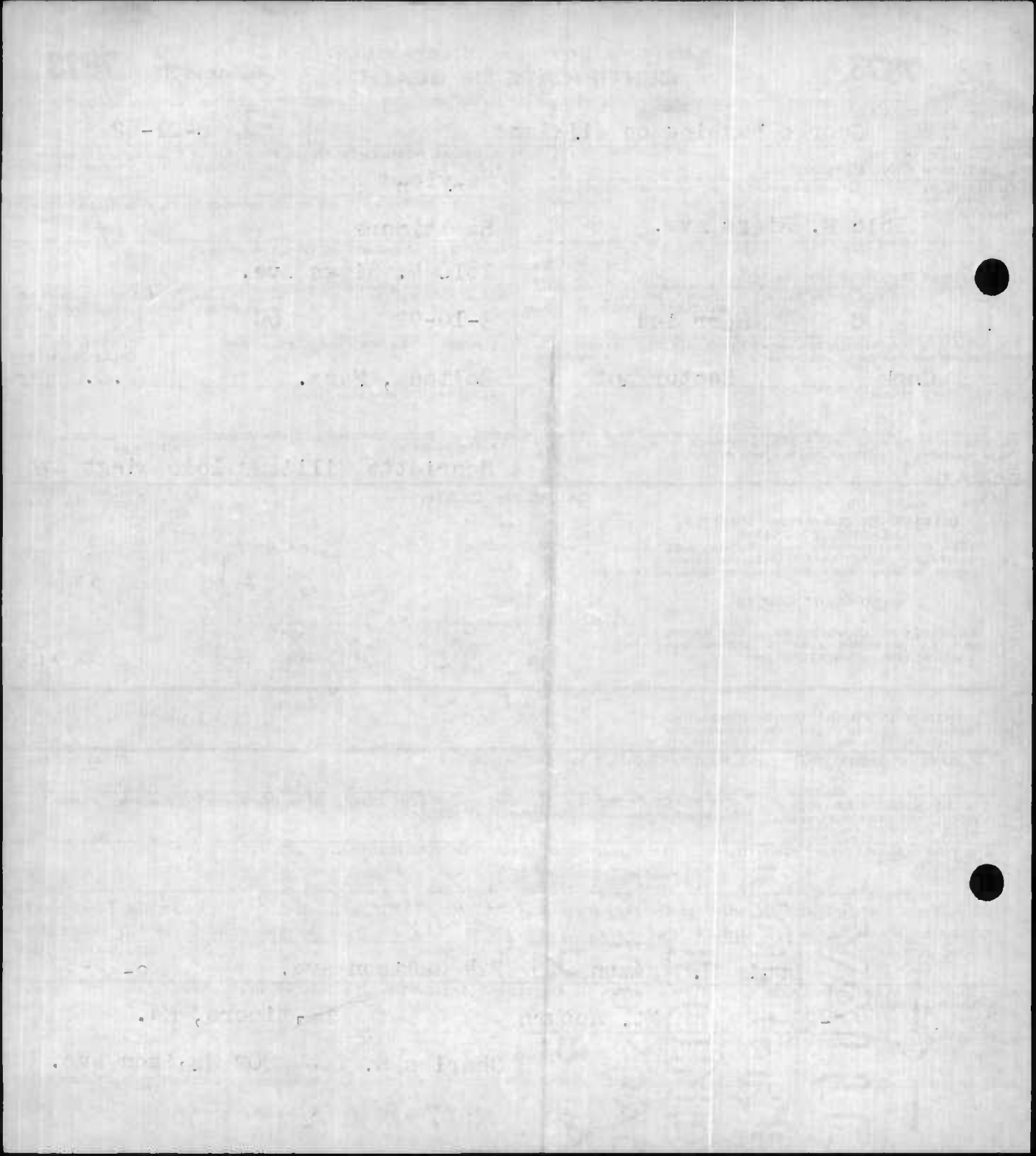
452
52 7873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7873

1. NAME OF DECEASED (Type or Print) George Washington Williams		2. DATE OF DEATH 8-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1816 N. Riggs Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1816 N. Riggs Ave.		5. AGE (in years last birthday) 60 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Marr ied	8. DATE OF BIRTH 3-10-92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY Restur ant	
11. BIRTHPLACE (State or foreign country) Boston, Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Henrietta Williams		ADDRESS 1816 Riggs Ave	
18. 421.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Ante cedi ent DUE TO (A) arterio sclerosis (B) hypertension (C) cardiac failure		CAUSE OF DEATH arterio sclerosis + hypertension cardiac failure	
INTERVAL BETWEEN ONSET AND DEATH 2 months			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-1-1952 to 8-21-1952 , that I last saw the deceased alive on 8-21-1952 , and that death occurred at 4 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE Louis E. Harmon M.D.		23B. ADDRESS 2224 Madison Ave.	
23C. DATE SIGNED 8-22-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-23-52	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 23 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Charles R. Law		ADDRESS 802 Madison Ave.	

1 4 5 2 2546M7 8 6 9



52 7874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 7874

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE (RANDALL) RANDOLPH

2. DATE
OF
DEATH

August 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

842 Harlem Avenue

8. DATE OF BIRTH

11-25-1900

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Larryman

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Farmville Va.

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.-1

16. SOCIAL
SECURITY NO.

213-07-3248

17. INFORMANT

ADDRESS

Gladys Randolph 842 Harlem Ave

18. E 911.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Skull Fracture

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Subdural Hemorrhage

DUE TO

(C) Contusion of Brain

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Industrial place

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Bethlehem Steel Company, Sparrows Point

21D. TIME (Month) (Day) (Year) (Hour)

and 8/17/52 1:50 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell from rear of Larry Car

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Woods

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
8/22/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-25-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Balto. Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

231952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law 802 Madison Ave

VS 151

N 803.2

52 6603A7 870

MEDICAL CERTIFICATION

1977

STATE OF NEW YORK

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CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Troy

Melvin Moxley

2. DATE
OF
DEATH

8-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION

Bina Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

807 Lennox Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

June 2, 1924

9. AGE (In years
last birthday)

28

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Loomfixer - Textile

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pittsylvania County, Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Ellis Moxley

14. MOTHER'S MAIDEN NAME

Beulah C. Whitlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Beulah Whitlow Moxley 616 Shelton St.

18. 420.1

CAUSE OF DEATH

Danville, Va.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Malignant Hypertension

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Artery Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18, 1952, to 8-22, 1952, that I last saw the
deceased alive on 8-22, 1952, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John V. Elko

M. D.

23B. ADDRESS

Bina Hospital

23C. DATE SIGNED

8-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

burial
8-25-52

24C. NAME OF CEMETERY OR CREMATORY

Schoolfield Cemetery

24D. LOCATION (City, town, or county)

Danville, Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Jr.

Swissgood Funeral Home
By W. E. Watlington564 W. Main
Danville, Va.

VS 150

AUG 24 1952

9520007871

Holiday
+

Lexington
Kts.

Municipal
Bldg.

Mr. Vance

463 52 7876		FULLARD		52 7876	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) Archie Fullard			2. DATE OF DEATH Aug 22nd/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2227 - 1st Ave			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2227 1st Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore B-04		
C. Length of stay in Baltimore 1 Yr. Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2227 1st Ave		
5. SEX M	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 18th	9. AGE (in years last birthday) 37	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SC.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Fullard			14. MOTHER'S MAIDEN NAME Sarah Walker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Rebecca Fullard		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident			CAUSE OF DEATH 2227 1st Ave		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 8, 1952 to August 21, 1952 , that I last saw the deceased alive on August 21, 1952 , and that death occurred at 6:00 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas J. Williams		23B. ADDRESS 7039 Leland Ave.		23C. DATE SIGNED 8-23-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Aug 25th/52	24C. NAME OF CEMETERY OR CREMATORY Sumner SC.	24D. LOCATION (City, town, or county) (State) S.C.	
DATE RECEIVED BY LOCAL REGISTRAR 16 24 1952		REGISTRAR'S SIGNATURE Thomas J. Williams		25. FUNERAL DIRECTOR ADDRESS Choy O Wilson	

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

John Doe

Name		Age		Sex		Race		Religion		Marital Status		Occupation		Education		Residence		Date of Birth		Date of Death		Cause of Death		Place of Death		Time of Death		Signature		Date		Witness		Remarks			

H-610
52 7877BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7877

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMIL HAEF

2. DATE
OF
DEATH

8-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

C. Length of stay in Baltimore

12

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md Baltimore 14-01

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

1709 Linden Ave

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

Compfy Mfg Co

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mortz

14. MOTHER'S MAIDEN NAME

Josephine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

17. INFORMANT

Louise Haef - Same

ADDRESS

Louise Haef - Same

18. 584X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pyelo-nephritis
Kidney-stone

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.Arteriosclerotic Heart disease
Thrombophlebitis of left leg.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15/52 to Aug. 22nd, 1952, that I last saw the deceased alive on 8-22, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold H. Bix

M. O.

23B. ADDRESS

2516 Lin Ten Ave

23C. DATE SIGNED

Aug. 23rd 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

6241952

VS 150

Huntington Williams, M.D.

Jack Lewis 2100 Eutaw Pl

19520007877

MEDICAL CERTIFICATION

Ant
Georgian Court
La 0506
Ma 1739

RP-2251
52 7878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7878

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY ROSENBERG		2. DATE OF DEATH AUGUST 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2816 ULMAN AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
6. Length of stay in Baltimore 52		D. STREET ADDRESS (If rural, give location) 2816 ULMAN AVE 15-12	
7. SEX FEMALE	8. COLOR OR RACE WHITE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	10. DATE OF BIRTH 76
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MORRIS SOLOMON		14. MOTHER'S MAIDEN NAME CLARQ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JENNIE WISE		ADDRESS 3621 FOREST PK. AVE.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cocaine & Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio-Vascular Renal Disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 22, 1952 , to Aug 22, 1952 , that I last saw the deceased alive on Aug 22, 1952 , and that death occurred at 10:45 AM , from the causes and on the date stated above.					
23A. SIGNATURE Samuel V. Youngman		23B. ADDRESS 3600 Oak Heights Ave		23C. DATE SIGNED Aug 22, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE AUG. 24, 1952		24C. NAME OF CEMETERY OR CREMATORY SOUTHERN AVE		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR Aug 24, 1952		REGISTRAR'S SIGNATURE Wilmington Williams, MD		25. FUNERAL DIRECTOR JOHN LEWIS INC		ADDRESS 2100 EUTAW PL.	

19520007874

MEDICAL CERTIFICATION

Tampabay
3600 Park Hgts
7110 5776

S-625

52 7879

52 7879

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNIE

SARKIN

2. DATE
OF
DEATH

8-23-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Levindale

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-41

c. Length of stay in Baltimore

60 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5310 Addon Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 332X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral thrombosis

31 days

ANTECEDENT CAUSES

DUE TO

(B)

arteriosclerosis

years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 7-24-52 to 8-23-52, 1952 that I last saw the
deceased alive on 8-23-52, 1952, and that death occurred at 6 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry Nagel

M. D.

Levindale Home

8-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

8-25-52

Levindale

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

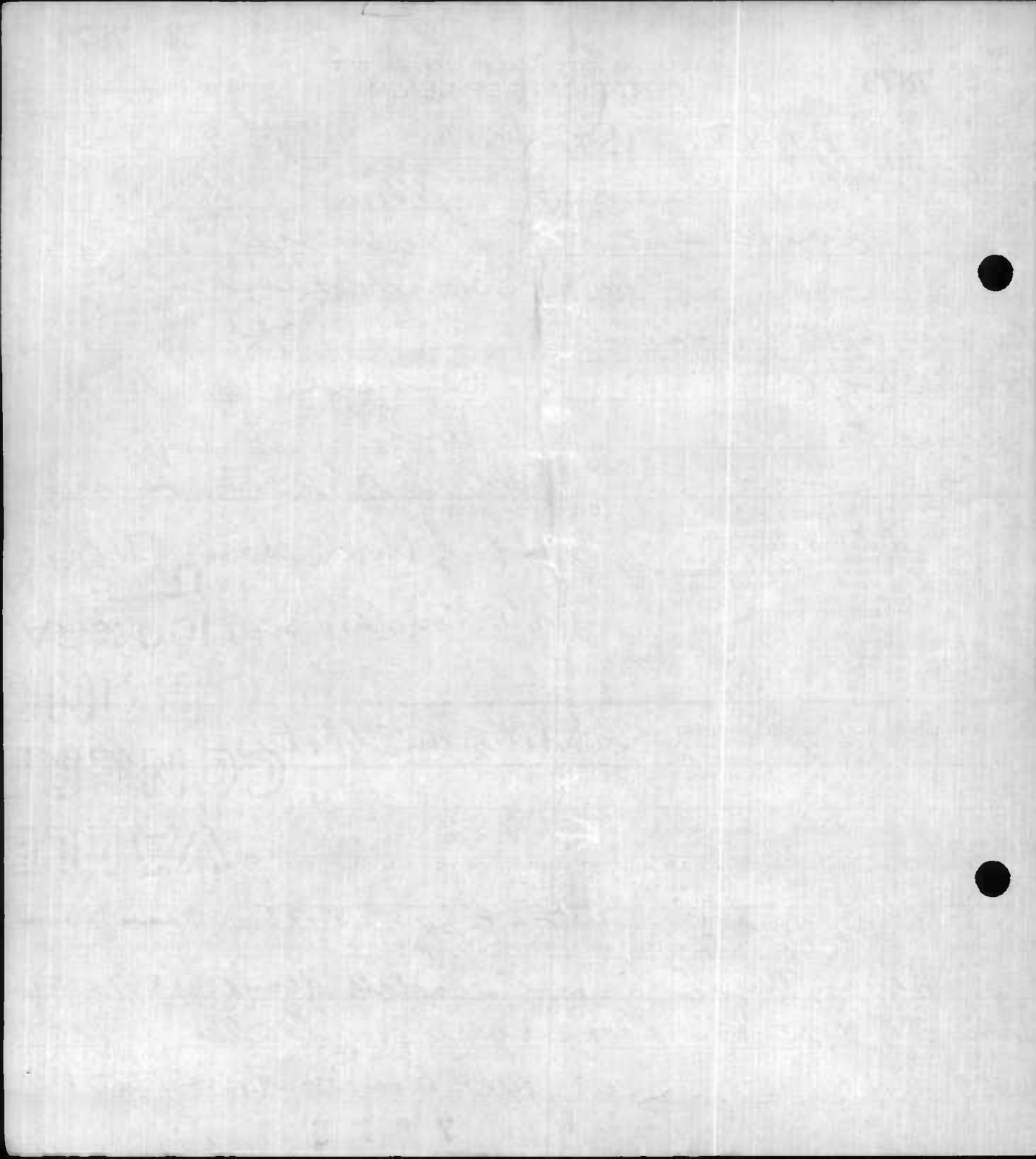
25. FUNERAL DIRECTOR

ADDRESS

UG 24 1952

Huntington Williams, M.D.

Jack Lewis 3000 Canton Rd



B-260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7880
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BAKER, MYRTLE

2. DATE
OF
DEATH

8.23.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

37 Mercy-Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

23-03

D. STREET ADDRESS (If rural, give location)

1809 S. Charles St. #30

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6.27.90

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benjamin Black

14. MOTHER'S MAIDEN NAME

Ella Selby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frederick B Baker, 1809 S Charles St

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of splenic flexure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypostatic pneumonia 5 days

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

8.12.52

Carcinoma of descending colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.13, 1952, to 8.23, 1952, that I last saw the
deceased alive on 8.22, 1952, and that death occurred at 2.55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. R. R.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

8.23.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FURNERAL DIRECTOR

ADDRESS

AUG 24 1952

Huntington Williams, M.D. A. R. R. R. 1400 S. B. Lane

1 2 5 2 0 0 0 7 8 7 6

MEDICAL CERTIFICATION

1885

1885

Wm. L. ...
...

G-652

52 7881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 52 7881
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Greenstreet

2. DATE
OF
DEATH

8-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2 Hilltop Rd. 5355

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9-1-1877 74

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Maine

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edward W. Greenstreet

14. MOTHER'S MAIDEN NAME

Carolyn Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Edw. Greenstreet Jr., Ellicott City

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Generalized carcinomatosis
DUE TO Adenocarcinoma grade III of colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1952 to Sept 24, 1952 that I last saw the deceased alive on 8-28, 1952, and that death occurred at 12:10 AM, from the causes and on the date stated above.

23A. SIGNATURE

George Stein

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

8-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/26/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mac Nabb & Son

ADDRESS

UG 24 1952

VS 150

5100 Catonsville Rd. 28 Md.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

ATTACHMENT NO. 2

M-650
52 7882BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7882
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>William M. Moran</u>			2. DATE OF DEATH <u>8/21/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto City</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>28-04</u>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <u>4726 Frederick ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto City</u>		
6. Length of stay in Baltimore <u>48 mos.</u>			D. STREET ADDRESS (If rural, give location) <u>4726 Frederick ave.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/25/1879</u>		9. AGE (In years last birthday) <u>72</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>Conductor</u>		<u>B-O-R-R</u>	<u>Ireland</u>		<u>U.S.</u>
13. FATHER'S NAME <u>James M. Moran</u>			14. MOTHER'S MAIDEN NAME <u>Katherine A. Donlan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS <u>Michael R. Moran</u>		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary artery occlusion
DUE TOINTERVAL BETWEEN ONSET AND DEATH 3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)
DUE TO19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1952, to Aug 21, 1952, that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 39 m., from the causes and on the date stated above.23A. SIGNATURE J. McCallen M. D. 23B. ADDRESS 3321 Frederick Ave 23C. DATE SIGNED 8/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>8/25/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>NEW CATHOLIC ARA</u>	24D. LOCATION (City, town, or county) (State) <u>BALTO. MD.</u>
---	--------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 24 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>	25. FUNERAL DIRECTOR <u>MACNABB + SON</u>	ADDRESS <u>CATONSVILLE 28</u>
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5000

80

THE UNITED STATES OF AMERICA

1980

OFFICE OF THE SECRETARY

DEPARTMENT OF THE ARMY

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5-600
52 7883BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7883
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Sauer

2. DATE
OF
DEATH

8/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1260 Carroll St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Md

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1260 Carroll St 21-02

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

2/6/1886

9. AGE (In years,
last birthday)

66

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Night Stationer

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sauer

14. MOTHER'S MAIDEN NAME

Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

220-03-4237-

17. INFORMANT

Drife

ADDRESS

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma left lung

1 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23, 1952, to 8-21, 1952, that I last saw the deceased alive on 8-21, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John P. Unlock, Jr.

M. D.

1227 Waverly Blvd

8-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 24 1952

Huntington Williams, Jr.

J. J. Faley Sons 1318 High

VS 150

014560002822

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

RECEIVED

APR 10 1914

U. S. DEPT. OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

RECEIVED

APR 10 1914

U. S. DEPT. OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

RECEIVED

APR 10 1914

U. S. DEPT. OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

RECEIVED

APR 10 1914

U. S. DEPT. OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

RECEIVED

APR 10 1914

U. S. DEPT. OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

B-400
52 7884BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7884
Registered No.

BIRTH NO.

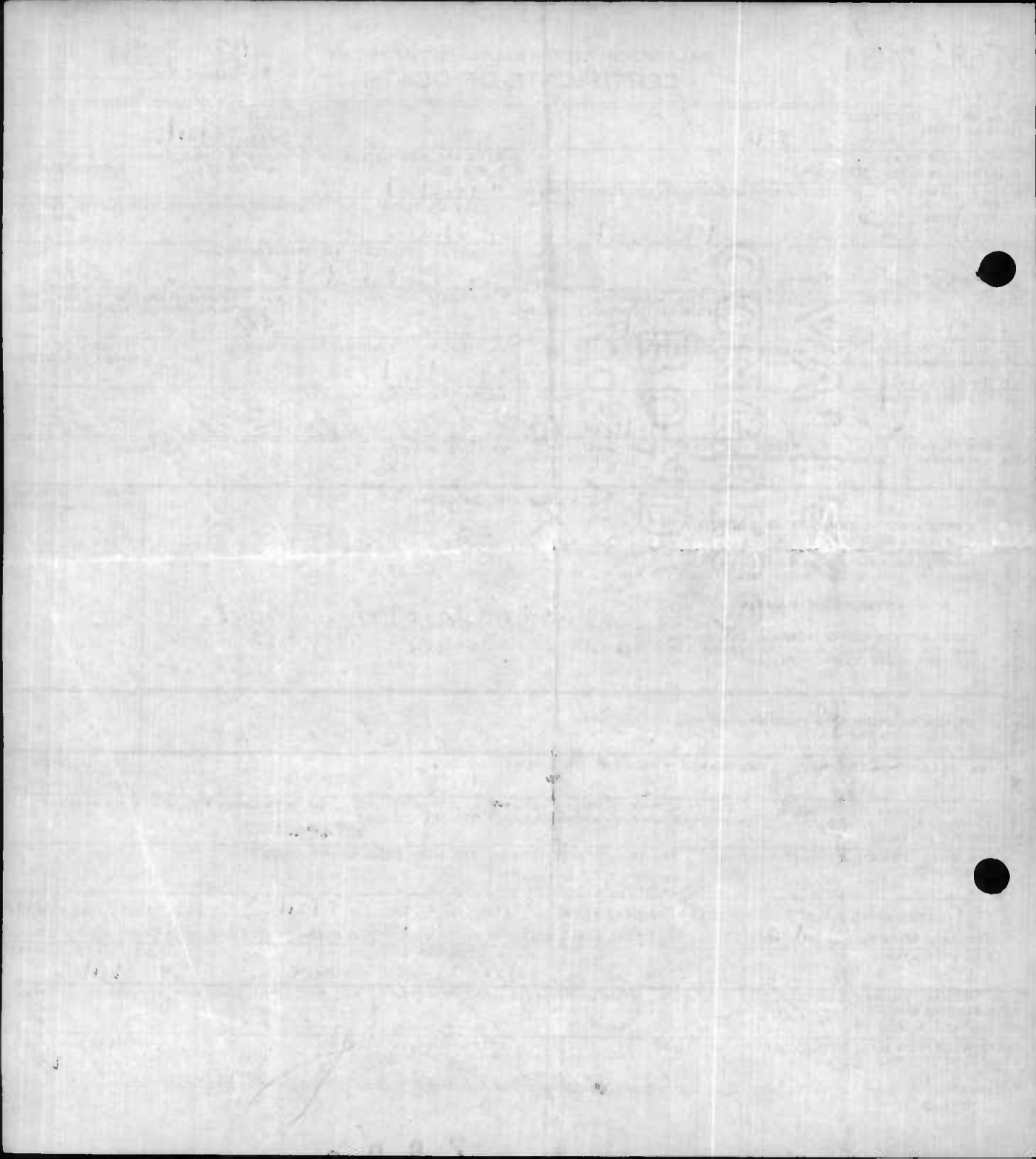
1. NAME OF DECEASED (Type or Print) <i>Grace Bell</i>			2. DATE OF DEATH <i>8/21/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>43 South Baltimore General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>809 Woodward St. 21-01</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH		9. AGE (in years last birthday) <i>59</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Holler</i>		14. MOTHER'S MAIDEN NAME <i>MARIA SCHAEFER</i>		17. INFORMANT ADDRESS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary occlusion & thrombosis</i> DUE TO (A) <i>Arteriosclerotic cardio-vascular disease.</i> (B) <i>Pulmonary infarction, Lt.</i> (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>8/20/52</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>8-20-52</i> , 19__, to <i>8/21/52</i> , 19__, that I last saw the deceased alive on <i>8/21/52</i> , 19__ and that death occurred at <i>5:50 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Samuel Tan</i>	23B. ADDRESS <i>1213 N. High Street</i>	23C. DATE SIGNED <i>8/21/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8/25/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Lutheran</i>	24D. LOCATION (City, town, or county) (State) <i>Greenberg Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>UG 241952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>J J Fahy & Son 1318 E. 1st St</i>	

VS 150



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7885
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS J. KELLY, JR.

2. DATE
OF
DEATH

August 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

401 Yale Avenue

20-08

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

November 21, 1905

9. AGE (In years last birthday)

46

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wood Worker, Ret.

10B. KIND OF BUSINESS OR INDUSTRY

Floor

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas J., Kelly, Sr.

14. MOTHER'S MAIDEN NAME

Mary E. Brennan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank A. Kelly, 101 S. Tremont Rd.

18. **E 904.9 and 322.2**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Craniocerebral injury**

~~XXXX~~ **Fracture of skull**

Subdural and Extradural Hemorrhage

Contusion and Laceration of brain

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

OE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
unknown

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Unknown

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

About 8-21 or 22/52 m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Probably fell while intoxicated

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

August 23, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 24 1952

Huntington Williams, M.D.

101 S. Tremont Rd.

V.S. 151

N 803.2

1 9 5 25 40 24

Phy & Stricker

MEDICAL CERTIFICATION

STATE OF NEW YORK
COUNTY OF ...

IN SENATE,
January 1, 1900.

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
MAY 1, 1899.

ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS.
1900.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7886
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **GENEVA WALLACE** 2. DATE OF DEATH **August 22, 1952**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY **Maryland**

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) **South Balt. Gen. Hosp.** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

D. STREET ADDRESS (If rural, give location) **607 W. Lee Street** Length of stay in Baltimore **61** Yrs. Mos. Days

5. SEX **Female** 6. COLOR OR RACE **Colored** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **2-10-1891** 9. AGE (in years last birthday) **61** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Womestic** 11. BIRTHPLACE (State or foreign country) **Calvert Co. Md.** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Francis C. Hurley** 14. MOTHER'S MAIDEN NAME **Zella Johnson**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **Yes** 16. SOCIAL SECURITY NO. **212-25-8594** 17. INFORMANT **Zella Johnson** ADDRESS **607 W. Lee St**

18. **442X** CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Cardiovascular**
Renal Disease

ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **W. B. Spriggs** 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **8/22/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **8-27-52** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Calvary Cemetery** 24D. LOCATION (City, town, or county) (State) **Balt. Md.**

25. FUNERAL DIRECTOR **W. B. Spriggs** ADDRESS **139 W. Hamlet St**

DATE RECEIVED BY LOCAL REGISTRAR **UG 24 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

MEDICAL CERTIFICATION

888 50

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE

888 50

UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

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UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

G-415

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7887

Registered No.

BIRTH NO. 52 7887

1. NAME OF DECEASED
(Type or Print)

PETER CLOPEIN

2. DATE
OF
DEATH

AUG: 21-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

ARDLEIGH NURSING HOME
PARKSDALE & GIRAD AVEYrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

11- 6- 1865

9. AGE (In years,
last birthday)

86

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Photographer

10B. KIND OF BUSINESS OR
INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

BALTIMORE MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN CLOPEIN

14. MOTHER'S MAIDEN NAME

MARY BRETTSCHEIDER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

James Clopein-2245 Wilkens Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute Cardiac Distention
DUE TO

11 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Interminable C. V. Dis
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

AUG:25-1952

LOUDON PARK CEMETERY

BALTIMORE MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UG 24 1952

Huntington Williams, M.D.

F. B. Wippert & Son

F. B. WIPPERT & SON 1300 EUTAW PL. 17

Be 777 * James H.
No. 767 - F. H. H.

B-623

52 7888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7888
Registered No.

BIRTH NO

1. NAME OF DECEASED.
(Type or Print)

BRIGHTWELL, ROY CLINTON

2. DATE
OF
DEATH

22 AUG 52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 20-05

6. STREET ADDRESS (If rural, give location)

413 East Enoch St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 7-1904

9. AGE (In years

last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Claim Operator

10B. KIND OF BUSINESS OR INDUSTRY

Emp. Iron

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry C. Brightwell

14. MOTHER'S MAIDEN NAME

Ella May Allen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Theresa M. Brightwell

ADDRESS

Sever

18. 587.0

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Uremia

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hepato renal syndrome

1 wk

(C)

Acute hemorrhagic pancreatitis

2 wks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Common duct calculus

1 mo.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Aug, 1952 to 22 Aug, 1952 that I last saw the deceased alive on 22 Aug, 1952 and that death occurred at 205P M., from the causes and on the date stated above.

23A. SIGNATURE

Dean W. Dane M.D.

M. O.

23B. ADDRESS

16 Franklin St. Hays

23C. DATE SIGNED

22 Aug 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Aug 26/52

24C. NAME OF CEMETERY OR CREMATORY

Morgan Chase Woodlawn

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F. B. Wippert & Son

ADDRESS

6300 E. Howard Ave

VS 150

195 2503068 7 8 00

Belcom

x

R-356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7889

Registered No.

BIRTH NO.

52 7889

1. NAME OF DECEASED (Type or Print) <u>John E. Rodemeyer - "John E. Rodemeyer"</u>		2. DATE OF DEATH <u>8-21-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>16-07</u>	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1613 Ellamont St. #16</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2/5/1904</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cab driver</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Sun Cab Co</u>	9. AGE (In years last birthday) <u>38</u>
13. FATHER'S NAME <u>Ernest Rodemeyer</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>25-10-2385</u>	14. MOTHER'S MAIDEN NAME <u>Florence Leonard</u>
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <u>Acute myocardial infarction</u> DUE TO (B) <u>Extension of old infarction</u> DUE TO (C) _____		17. INFORMANT ADDRESS <u>Son</u> <u>Samuel E. Rodemeyer</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-6</u> , 19 <u>52</u> , to <u>8-21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-21</u> , 19 <u>52</u> , and that death occurred at <u>8:05 A.M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Ronald A. Wolff</u>		23B. ADDRESS <u>University Hospital</u>	
23C. DATE SIGNED <u>8-21-52</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24B. DATE <u>Aug. 25/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Landon Park Cme</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>Aug 24 1952</u>		25. FUNERAL DIRECTOR ADDRESS <u>H. E. T. Williams, 1400 F. B. Hippert & Son</u>	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

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OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

E-360
52 7890BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7890
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE EDER.

2. DATE
OF
DEATH

Aug 22/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

37 Mercy Hosp. Baltimore

C. Length of stay in Baltimore

? Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore City

D. STREET ADDRESS

(If rural, give location)

1928 Light St 23-03

8. DATE OF BIRTH

4-23-1900

9. AGE (in years

last birthday)

52 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

William Eadies

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

USA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

7

17. INFORMANT

Patient

ADDRESS

18. 602X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

Lower Aortic and Iliac Thrombosis
+ 6 per cent shock
operations: (1) aorto-iliac Embolectomy on Aug 22, 1952 (2) Suture of Bleeding Renal pedicle on Aug 21, 1952 (3) left nephrectomy on Aug 7 1952 for left Renal-Phyonephritis

INTERVAL BETWEEN ONSET AND DEATH

264 days

19A. DATE OF OPERATION

See above

19B. MAJOR FINDINGS OF OPERATION

See above

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1952 to Aug 22, 1952 that I last saw the deceased alive on Aug 22, 1952 and that death occurred at 11:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

Leonard G. Hamberg M. O.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

Aug 22/1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

1-16-52

24C. NAME OF CEMETERY OR CREMATORY

STEN HAUEN

24D. LOCATION (City, town, or county)

BALTO.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. L. Casey

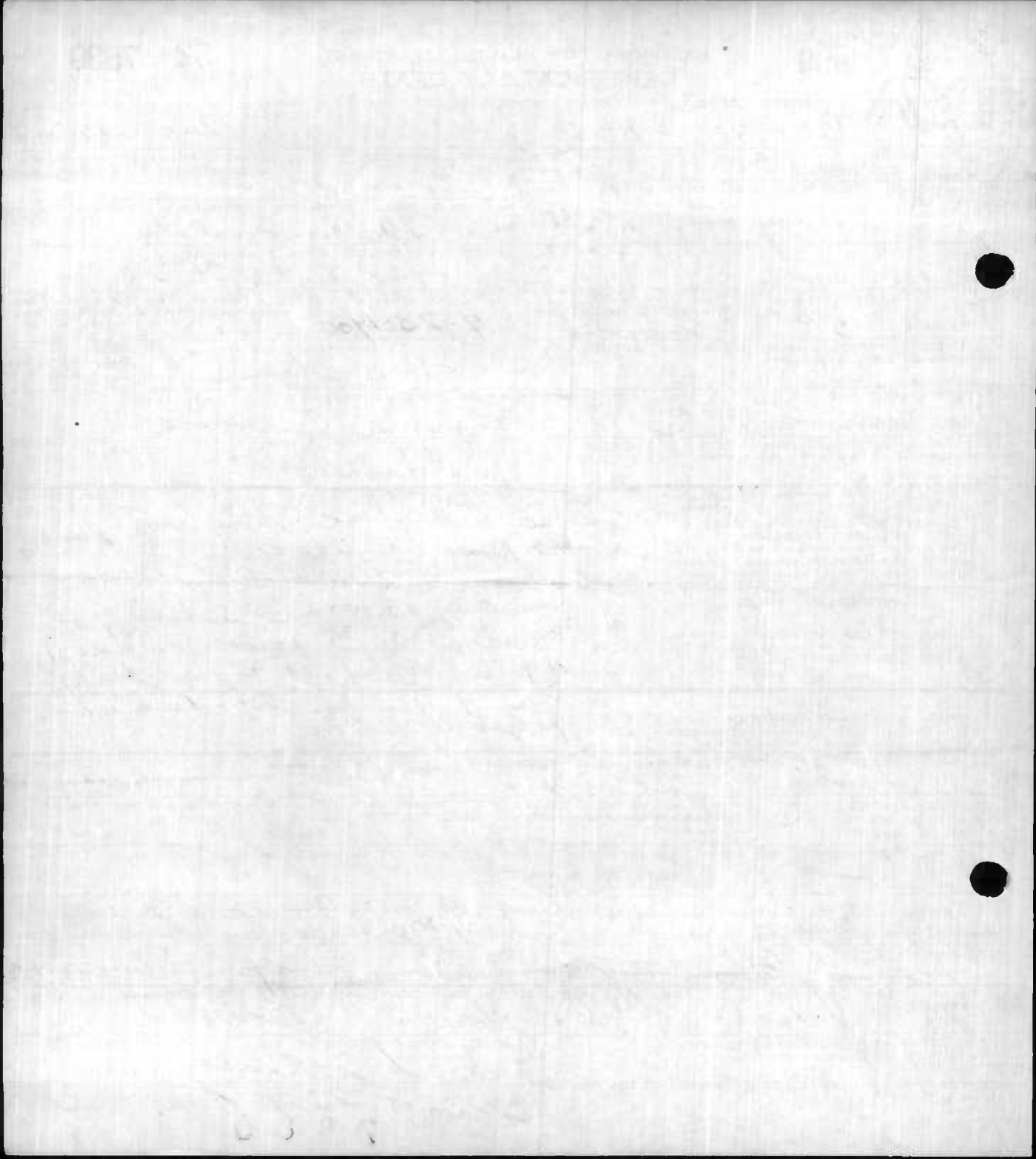
ADDRESS

30 E. Fort Ave.

AUG 24 1952

VS 450

RECORDED 7806



530
52 7891BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7891
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>A. C. Cisero Smith</i>		2. DATE OF DEATH <i>Aug. 23, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Prady</i>		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>Va</i> B. COUNTY <i>V-43</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Portsmouth</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>50 Deep Creek Blvd</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11-12-87</i>	9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>General</i>		11. BIRTHPLACE (State or foreign country) <i>N. Carolina</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Jacob Smith</i>			
14. MOTHER'S MAIDEN NAME <i>Asina?</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No.</i>			
16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Artemia</i> (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>2 mo.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Urinary tract obstruction</i> DUE TO (C) <i>Carcinoma of Prostate</i>	<i>6 mo.</i> <i>1-2 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/22</i> , 19 <i>52</i> , to <i>8/23</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8/23</i> , 19 <i>52</i> , and that death occurred at <i>4:25</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John W. Kearns</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8/24/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Aug. 27, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lincoln Mem. C.</i>	
24D. LOCATION (City, town, or county) (State) <i>Portsmouth, Va</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Lincoln Mem. C.</i>		24F. LOCATION (City, town, or county) (State) <i>Portsmouth, Va</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>George L. L. L.</i>	
25. FUNERAL DIRECTOR <i>1637 1/2 1st St. S.W.</i>		25. FUNERAL DIRECTOR <i>1637 1/2 1st St. S.W.</i>		25. FUNERAL DIRECTOR <i>1637 1/2 1st St. S.W.</i>	

1952 97099

2 mo

Remains

6 mo
8-10 yrs

Remains of the
Remains of the

8/24/25

John W. Harnes

52 7892

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7892

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL W WOODY

2. DATE
OF
DEATH

August 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Riviera Beach

D. STREET ADDRESS (If rural, give location)

Wendover Rd.

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 26, 1924

9. AGE (In years
last birthday)

27

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

trouble man

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country)

Lamberton, Minn

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Freeman S. Woody

14. MOTHER'S MAIDEN NAME

Lyna Overton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War II

16. SOCIAL
SECURITY NO.

487-20-1696

17. INFORMANT

ADDRESS

Doris R. Woody, Riviera Beach

18. E816.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Diffuse vasculitis involving periportal
xxx areas in liver, kidneys and spleen
Obstructive jaundice

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Acromioclavicular separation, post-operative
xxx
(C) Contusion of left shoulderII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Hanover St. 100 ft. north of Heath St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

July 13, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

thrown from ladder on truck when it was
hit by an auto.22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. H. H. H.

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

August 23, 1952

M.D.

MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-26-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

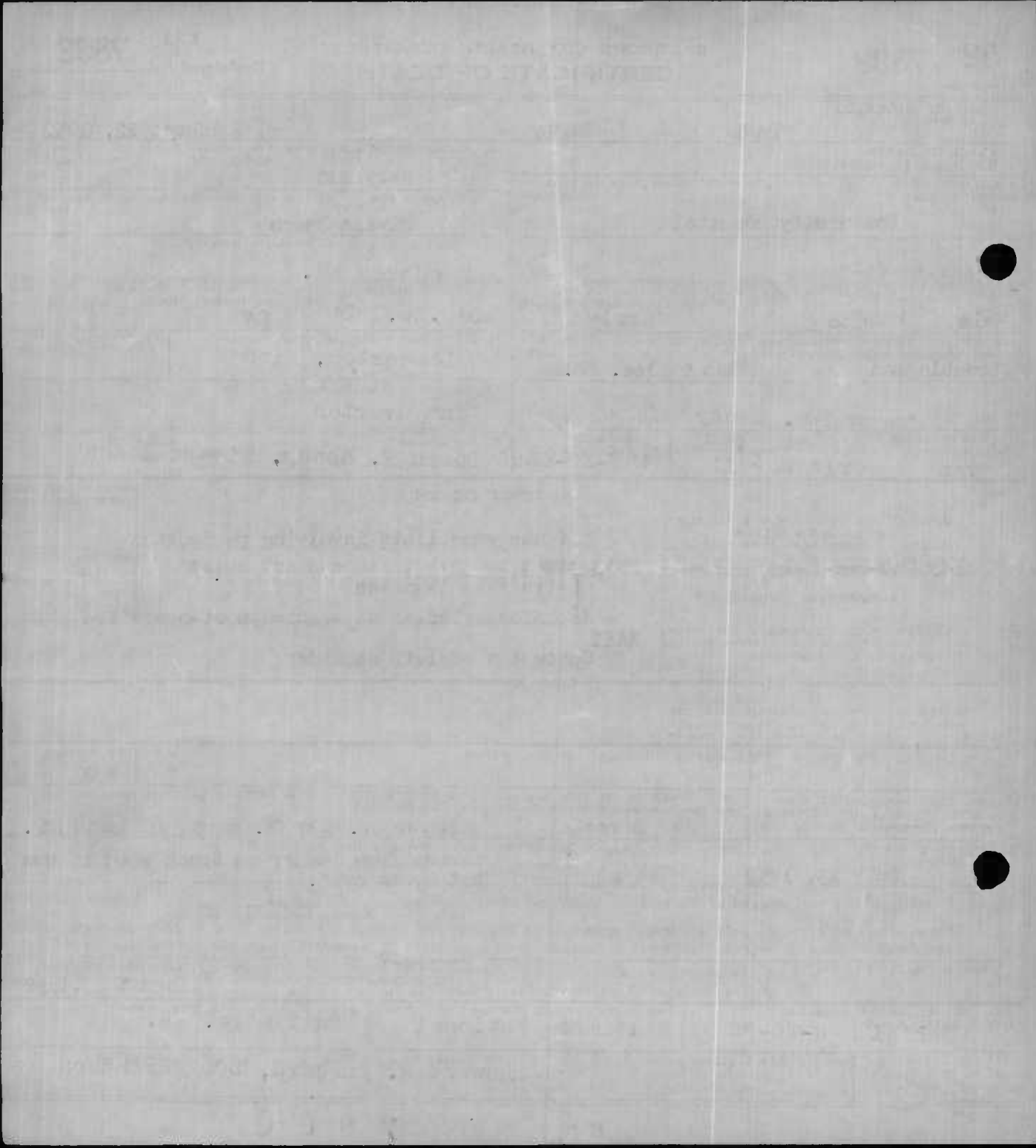
Howard H. Hubbard, 2503 Edmondson Ave

VS 151

N864.0

1052554.5E7800

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7893
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HOYT Clifford WELCH		2. DATE OF DEATH August 22, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Sparrows Point	
5. LENGTH OF STAY IN BALTIMORE 12 yrs.		6. STREET ADDRESS (If rural, give location) 7405 Bayfront Road	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH Sept. 30, 1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) welder		10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel	
11. FATHER'S NAME Jessie Welch		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		14. SOCIAL SECURITY NO. 237-01-7258	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. MOTHER'S MAIDEN NAME Sally Infinger	
17. INFORMANT Mrs. Cora Welch		ADDRESS 7405 Bay Front Rd.	

18. **E915.3** I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) Third Degree Burns of 60% of the Body
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Industrial place

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Bethlehem Ship Yards, 1101 Key Highway21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **7/27/52 1:00 P. m.**21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

on a ship welding torch explosion in a Pump Room

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
8/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**Aug. 26, 1952****Cedar Hill Cemetery****Anne Arundel Co., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

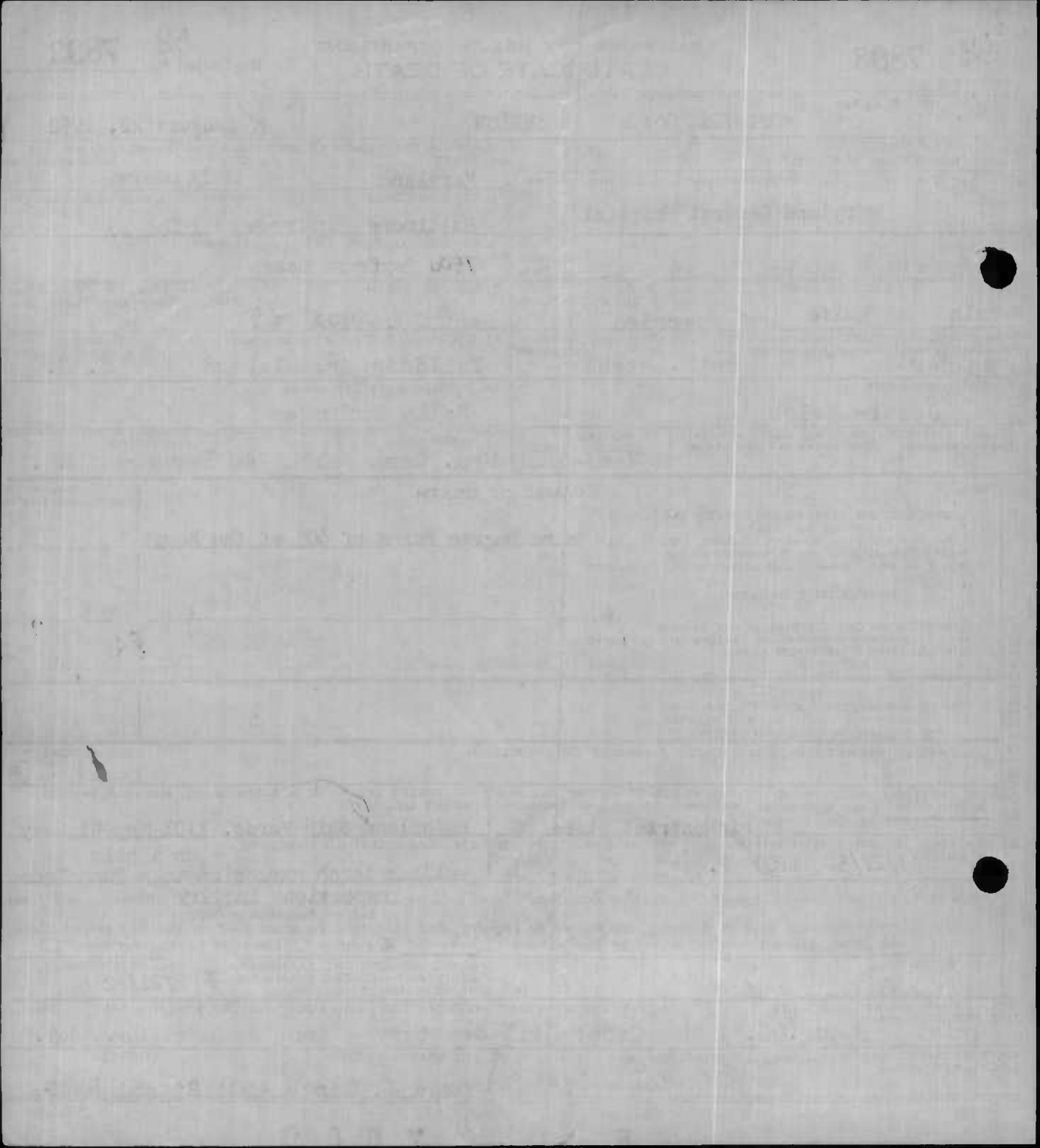
AUG 25 1952**Thurston Williams, M.D.****George J. Gonca 4001 Ritchie Hwy**

VS 151

N948.2

685 3A

5 2 8 8 0



4 M-242
52 7894BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7894

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mr. Robert E. McAllister		2. DATE OF DEATH 8/21/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland YES		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 1005 Wildwood Parkway			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/25/1885	9. AGE (in years last birthday) 66	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Chamber of Commerce		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Nathaniel McAllister		14. MOTHER'S MAIDEN NAME Mary Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 212-63-7595		17. INFORMANT Mrs. Helma McAllister	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure, acute		CAUSE OF DEATH 1005 Wildwood skoy		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial Infarction		(B) Coronary Occlusion, acute			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 20 , 19 52 to Aug 21 , 19 52 , that I last saw the deceased alive on Aug 21 , 19 52 and that death occurred at 9:35 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE L. Nelson McKee		23B. ADDRESS Bon Secours Hospital		23C. DATE SIGNED Aug 21, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 25/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Harry A. Hubzie		24H. ADDRESS 4101 Edmondson Ave.		VS 150	

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52 7895LEGGITT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7895
Registered No.

1. NAME OF DECEASED (Type or Print) VERNON Leggett		2. DATE OF DEATH 8-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1374 Woodyear		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX M	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-22-17
9. AGE (In years last birthday) 35		10. BIRTHPLACE (State or foreign country) Maryland	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME David Leggett		14. MOTHER'S MAIDEN NAME Beulah Brown	
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. 217-16-3871	
17. INFORMANT Grandmother - Florence Brown - same		ADDRESS	
18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hepatic Cirrhosis DUE TO (B) Esophageal Varices DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 5 yrs.			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 8-10-1952 to 8-21-1952 , that I last saw the deceased alive on 8-21-1952 , and that death occurred at 2:45 p.m., from the causes and on the date stated above.			
23A. SIGNATURE C. Adams		23B. ADDRESS Provident Hospital	23C. DATE SIGNED 8-21-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug 25, 1952	24C. NAME OF CEMETERY OR CREMATORY St. Peters
24D. LOCATION (City, town, or county) Baltimore, Md.		(State) _____	
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1952		REGISTRAR'S SIGNATURE H. J. Williams, Jr.	
25. GENERAL DIRECTOR General		ADDRESS 1651 Druid Hill Ave.	

62-4
52 7896BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7896

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARSHALL, Jacob

2. DATE
OF
DEATH

8-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

29 Provident

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

City

(If outside corporate limits, write RURAL and give township)

16-01

D. STREET ADDRESS (If rural, give location)

1014 Brantley

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5-7-'94

9. AGE (in years
last birthday)

58

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

Beth Steel

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Marshall

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

Yes

World 1

16. SOCIAL
SECURITY NO.

213-09-1471

17. FULL NAME OF DECEASED'S ADDRESS

1014 Brantley Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardiovascular
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage

2 days

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21, 1952, to 8-22, 1952, that I last saw the
deceased alive on 8-22, 1952, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Adams

23B. ADDRESS

M. D. Provident Hospital

23C. DATE SIGNED

8-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial Aug. 26, 1952

Arbutus Mem. Pk. Balt. Co. Md.

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 25 1952

Huntington Williams, M.D.

1631 Druid Hill Ave.

2008

CERTIFICATE OF DEATH

2008



200

52 7897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7897

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Lewis, Harry H.		Aug. 21, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)			
A. Baltimore City, Maryland		A. STATE		B. COUNTY	
University Hosp.		Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		(If outside corporate limits, write RURAL and give township)	
University Hospital		Baltimore		16-02	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Life		1104 N. Stricker St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
M	C	Widowed	Feb. 7, 1894	38	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
Shipping clerk		Mfg. Company		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Thomas Lewis		Georgianna Hall			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Sister 1925 McCulloch St.	
18. 151X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)		(A) Postoperative death			
DUE TO		General debility			
ANTECEDENT CAUSES		(B) Carcinoma of stomach			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II		Optic Atrophy			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
Aug. 13, 1952		Carcinoma of the stomach		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 1952, to Aug. 21, 1952, that I last saw the deceased alive on Aug. 21, 1952, and that death occurred at 7:15 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
C. E. Stennett		University Hospital		8/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Aug. 24, 1952		Mt. Auburn	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore, Md.		Spallholz Funeral Home		1631 Druid Hill Ave.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
AUG 25 1952		Huntington Williams, Jr.			

VS 150

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MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

WILLIAM HENRY ...
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7898

52 7898
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Davis		2. DATE OF DEATH 8/23/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2118 Druid Hill Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03	
D. STREET ADDRESS (If rural, give location) 2118 Druid Hill Ave.		E. LENGTH OF STAY IN BALTIMORE 23 yrs	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1886
9. AGE (In years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Wilson, N.C.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Ellen Jones		ADDRESS 2118 Druid Hill Ave.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Heart Disease	CAUSE OF DEATH Hypertensive Heart Disease	INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE R. B. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 8/24/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 27, 1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus
24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.	25. FUNERAL DIRECTOR William Williams	ADDRESS 1651 Druid Hill Ave.
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1952	REGISTRAR'S SIGNATURE Huntington Williams	

DEPARTMENT OF HEALTH
STATE OF CALIFORNIA

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52 7899BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7899
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWIN C. BROCKENBROUGH

2. DATE
OF
DEATH

8-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ. Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-01

D. STREET ADDRESS (If rural, give location)

16 York Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE. MARRIED.

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar. 20, 1902

9. AGE (In years
last birthday)

50

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ass't. Agency Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Life Insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Littleton Brockenbrough

14. MOTHER'S MAIDEN NAME

Emma Chamberlayne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

none

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Court

Mrs. Martha Coale Brockenbrough -16 York /

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ACUTE MYOCARDIAL INFARCTION

4 1/2 hrs

DUE TO

CORONARY OCCLUSION

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22-52, 19__, to 8-22-52, 19__, that I last saw the
deceased alive on 8-22, 1952, and that death occurred at 11:24 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Aug. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Trinity Church Cem.

24D. LOCATION (City, town, or county)

Churchville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 25 1952

Huntington Williams

Wm. J. Lickner & Sons

VS 150

5 2 190 73 7 8 0 5 Batts 17, Md.

ORDINANCE OF THE BOARD OF
CITY OF NEW YORK

Chapter 100 of the Laws of 1934

Section 100 of the Laws of 1934

Section 100 of the Laws of 1934

Section 100 of the Laws of 1934

Section 100 of the Laws of 1934

Section 100 of the Laws of 1934

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Section 100 of the Laws of 1934

235
52 7900

BIRTH NO.

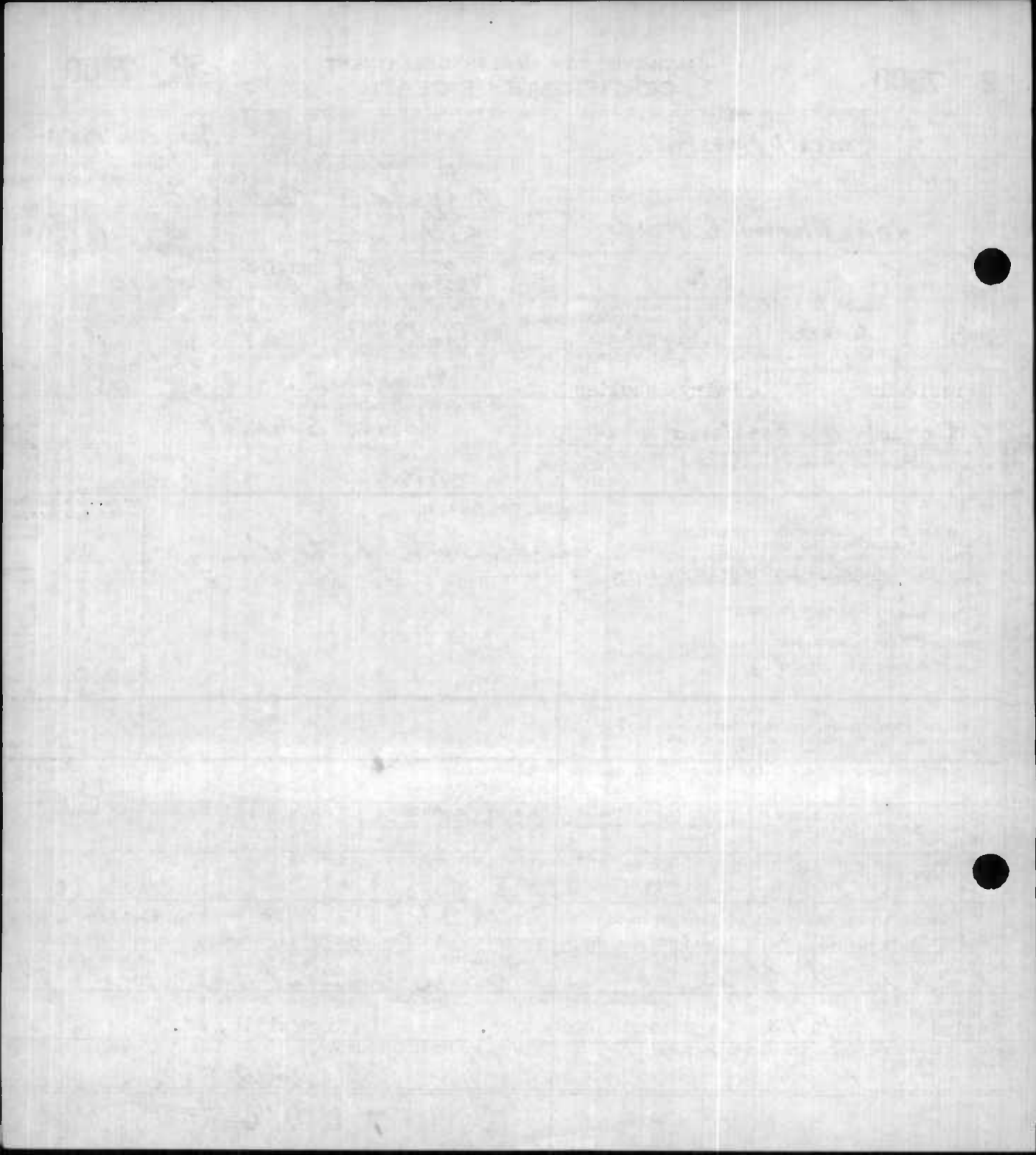
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7900

1. NAME OF DECEASED (Type or Print) Ernest/ Kaestner.		2. DATE OF DEATH Aug 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 221 Stoney Run Lane Tuscany Apts, Baltimore-10	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 19, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10B. KIND OF BUSINESS OR INDUSTRY Dairy Supplies	9. AGE (in years, last birthday) 64
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ernest A. Kaestner		14. MOTHER'S MAIDEN NAME Louise Schmidt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Wife		ADDRESS same	

18. 163x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Lung	CAUSE OF DEATH (A) Carcinoma of the Lung DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 8-22-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-19-52 , 19 52 , to 8-22 , 19 52 , that I last saw the deceased alive on 8-22 , 19 52 and that death occurred at 1:57 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Haverly S. Green, Jr.		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 8-22-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/25/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		25. FUNERAL DIRECTOR Chas. J. Vickner & Sons		ADDRESS 789 Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR Aug 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	



250

52 7901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7901

Registered No.

BIRTH NO. 52-09342

1. NAME OF DECEASED
(Type or Print)

gloria Jackson

2. DATE
OF
DEATH

8-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

univ. hosp.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

c. Length of stay in Baltimore

Life.

Yrs.
Mos.
Days

5. SEX

f

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Robert Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

757- Th. Lexington St.

8. DATE OF BIRTH

11 mos.

9. AGE (in years
last birthday)

4 mos.

If Under 1 Year
Months: Days

4

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

7

17. INFORMANT

ADDRESS

Robert Jackson - 757- Lex. St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Diarrhea & 2° dehydration 9 days
& acidosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19, 1952 to 8-22, 1952 that I last saw the
deceased alive on 8-22, 1952 and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. S. Slaven

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

8-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/27/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

A. Halstead - 918 Friend High
ave.

VS 150

520007897

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CAUSE OF DEATH

52 7902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7902

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>THOREN, Ferdinand</i>		2. DATE OF DEATH <i>Aug 22 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-07</i>			
C. Length of stay in Baltimore <i>2 years</i>		D. STREET ADDRESS (If rural, give location) <i>500 S. Oldham St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>About 1883</i>	9. AGE (in years last birthday) <i>69</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Insurance Agent</i>		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Unknown Thoren</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>213-20-4175</i>		17. INFORMANT ADDRESS <i>John Johns 504 Oldham St.</i>	
18. <i>422.2</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Myocardial degeneration</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Emphysema of lungs</i>			<i>years</i>
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug 5</i> , 19 <i>52</i> to <i>Aug 22</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Aug 21</i> , 19 <i>52</i> and that death occurred at <i>1:54 AM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Marion H. Hart</i>		23B. ADDRESS <i>Church Home & Hosp.</i>		23C. DATE SIGNED <i>Aug 22 '52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/25/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>Wm Cook Inc.</i>		24F. ADDRESS <i>1217 St. Paul St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS	

416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7903

BIRTH NO. 52 7903

1. NAME OF DECEASED (Type or Print) MARY V. WOOLFORD		2. DATE OF DEATH 8-23-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL OF BALTIMORE INC		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 7-07	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 1747 Gorsuch Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/10/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
13. FATHER'S NAME John H. Bullen		14. MOTHER'S MAIDEN NAME Florence Grimes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Walter Redel		ADDRESS 1747 Gorsuch Ave	

18. 2040	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) CAROTIC LYMPHOCYTIC LEUKEMIA	1 YR.	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CARDIAC FAILURE			

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8-1-52 , 1952, to 8-23 , 1952, that I last saw the deceased alive on 8-23 , 1952, and that death occurred at 6:40 P.m. , from the causes and on the date stated above.		
23a. SIGNATURE Bernard Balshin	23b. ADDRESS Sinai Hosp. of Baltimore Inc	23c. DATE SIGNED 8-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/27/52	24c. NAME OF CEMETERY OR CREMATORY Gruid Ridge	24d. LOCATION (City, town, or county) (State) Pikesville Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR 10th Cook Inc. 1219 St. Paul St.	ADDRESS

19520007

MEDICAL CERTIFICATION

1003

CERTIFICATE OF DEATH

MADE NEW

CHICAGO, ILL.

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252
52 7904BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7904

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVELYN HAWKINS

2. DATE
OF
DEATH

8/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1150 MYRTLE AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 1703

D. STREET ADDRESS (If rural, give location)

1150 MYRTLE AVE.

C. Length of stay in Baltimore

35

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Oct. 4, 1916

9. AGE (In years last birthday)

35

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WAITRESS

10B. KIND OF BUSINESS OR INDUSTRY

RESTAURANT

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN FULLERTON

14. MOTHER'S MAIDEN NAME

MINNIE ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Robert F. Hawkins - ABOW

18. 002X

CAUSE OF DEATH

PULM. TBC

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

HYPERTENSIVE CVDs.

2 YRS

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1952, to 8/22, 1952, that I last saw the deceased alive on 8/17, 1952, and that death occurred at 12:30 PM., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1115 N. CAROLINE ST.

23C. DATE SIGNED

8/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

8/26/1952

BALTO. NAT'L. CEM.

BALTO. MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

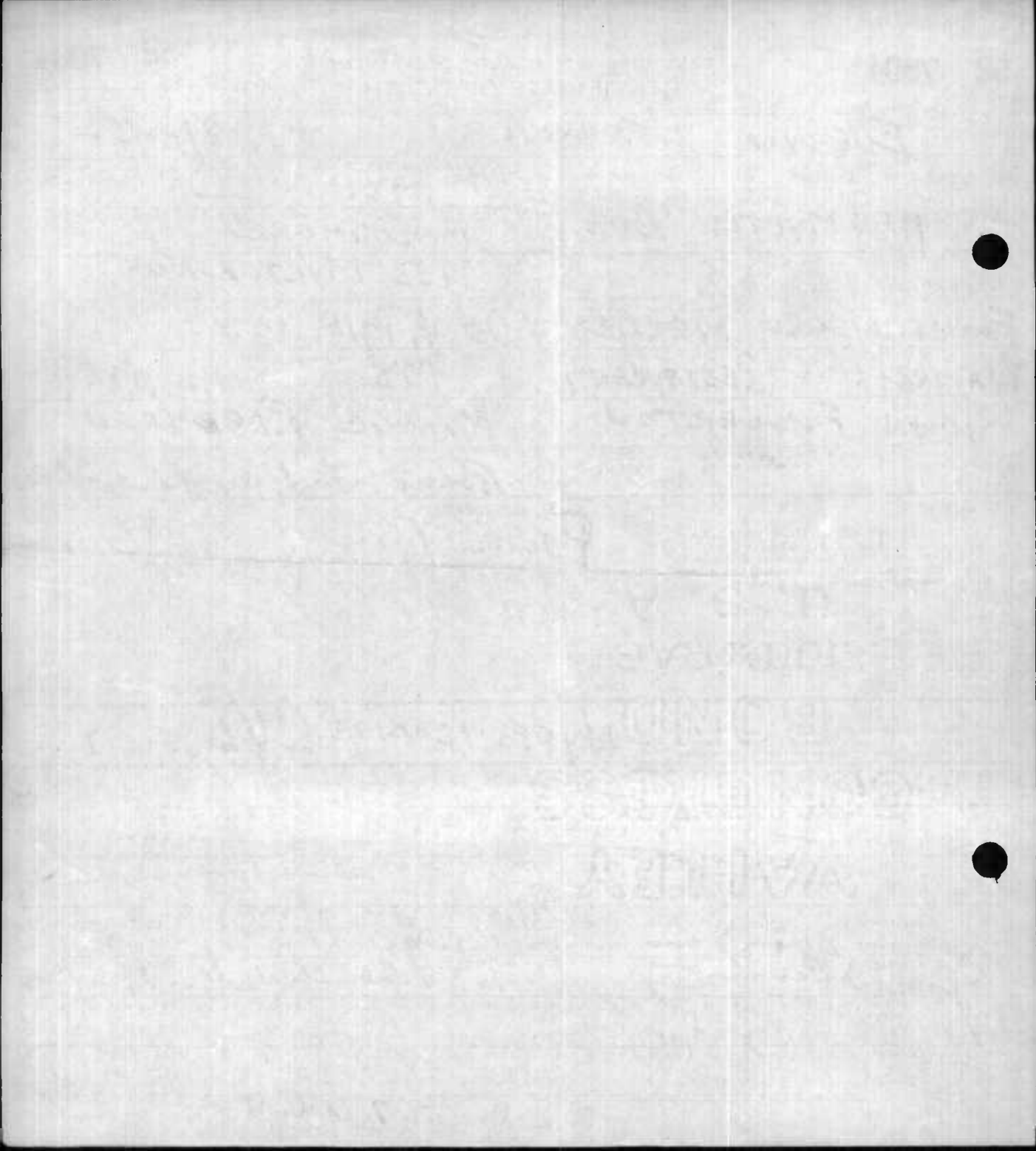
ADDRESS

JUG 25 1952

Huntington Williams, MD.

CHAS. G. COOPER*512 CARROLLTON AVE

195 984 MC Hds Garfen



360

52 7905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7905

1. NAME OF DECEASED (Type or Print) Frizeal Cator		2. DATE OF DEATH Aug. 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Os 4		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04	
c. Length of stay in Baltimore 25 Yrs. 25 Moe. 25 Days		D. STREET ADDRESS (If rural, give location) 1923 E. Jefferson St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep. 23, 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY None	
13. FATHER'S NAME Andrew Steadman		11. BIRTHPLACE (State or foreign country) Chapelburg, S. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. none	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular hemorrhage DUE TO (A)	CAUSE OF DEATH Cerebral vascular hemorrhage DUE TO (B) Hypertensive Cardiovascular disease DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 4 days 10 year
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8-20 , 19 52 , to 8-23 , 19 52 , that I last saw the deceased alive on 8-23 , 19 52 , and that death occurred at 10:20 p. m., from the causes and on the date stated above.		
23A. SIGNATURE Richard A. Green M. D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/27/52	24C. NAME OF CEMETERY OR CREMATORY MA Calvary	24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. I. Chatman, Jr.	ADDRESS 1701 McCulloh St. Balto. Md.

1005

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1005

[Faint, illegible text and markings, possibly bleed-through from the reverse side of the page. The text is mostly mirrored and difficult to decipher.]

432
52 7906
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7906

1. NAME OF DECEASED (Type or Print) <i>Larry Goldsmith</i>			2. DATE OF DEATH <i>Aug. 24 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>27 Mercy Hosp</i>			C. CITY OR TOWN <i>Balto</i> (If outside corporate limits, write RURAL and give township) <i>14-01</i>		
6. LENGTH OF STAY IN BALTIMORE <i>47 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1905 Linden Ave. #17</i>		
7. SEX <i>M</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	10. DATE OF BIRTH <i>1886</i>		
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>tailor</i>			12. AGE (in years last birthday) <i>66</i>		
13. FATHER'S NAME <i>Kasriel Goldsmith</i>			14. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>216-05-5470</i>		
17. MOTHER'S MAIDEN NAME <i>Pessia ??</i>			18. INFORMANT ADDRESS <i>Hosp. records</i>		

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Cerebral Thrombosis</i>		DUE TO		<i>13 days</i>
(B) <i>Generalized arterio-sclerosis and Arterio-sclerosis H. D.</i>		DUE TO		<i>?</i>
(C) <i>Diabetes mellitus</i>		DUE TO		
19. ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) INJURY		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. HOW DID INJURY OCCUR?	
25. I hereby certify that I attended the deceased from <i>Aug. 11 1952</i> to <i>Aug. 24 1952</i> that I last saw the deceased alive on <i>Aug 24</i> , 1952, and that death occurred at <i>2:05 p.m.</i> , from the causes and on the date stated above.					
26. SIGNATURE <i>Amos W. Torrell</i> M. D.		27. ADDRESS <i>Mercy Hosp.</i>		28. DATE SIGNED <i>8/24/52</i>	
29. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		30. DATE <i>8/25/52</i>		31. NAME OF CEMETERY OR CREMATORY <i>Beth Hamedrosh Hagodol</i>	
32. LOCATION (City, town, or county) <i>Baltimore, Maryland</i>		33. DATE RECEIVED BY LOCAL REGISTRAR <i>Aug 25 1952</i>		34. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
35. FUNERAL DIRECTOR <i>Sol. Gorman</i>		36. ADDRESS <i>124-26 W. North Avenue</i>		37. VS 150	

MEDICAL CERTIFICATION

0525-2041(199605)18:03:1-0

530

52 7907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 7907

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

6. STREET ADDRESS (If rural, give location)

7. SEX

8. DATE OF BIRTH

9. AGE (in years - last birthday)

10. Under 1 Year
Months: Days Hours: Min.

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/23/52, to 8/23/52, that I last saw the deceased alive on 8/23/52, and that death occurred at 8:35AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

VS 150

52000

WEST HOUSE OF DEATH

THE HOUSE OF DEATH

18

18

536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7908
Registered No.52 7908
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sarah R. Anderson</i>		2. DATE OF DEATH <i>Aug. 22, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1836 A. North Ave.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-04</i>	
c. Length of stay in Baltimore Yrs. Mes. Days		d. STREET ADDRESS (If rural, give location) <i>1836 A. North Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb. 9, 1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE (In years last birthday) <i>77</i>
11. BIRTHPLACE (State or foreign country) <i>Kingston, Va.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Info. Columbia Anderson 1836 A. North Ave.</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>3</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Essential Hypertension</i>	(B) <i>Essential Hypertension</i> DUE TO	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <i>0</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>8-1</i> , 19 <i>52</i> , to <i>8-22</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8-22</i> , 19 <i>52</i> , and that death occurred at <i>3:20</i> m., from the causes and on the date stated above.		
23a. SIGNATURE <i>Glennford P. Innes</i> M. D.	23b. ADDRESS <i>2309 Druid Hill</i>	23c. DATE SIGNED <i>8-24-52</i>

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Aug. 26, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24d. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>St. Charles Funeral Home</i> <i>1631 Druid Hill Ave.</i>	

AUG 25 1952

52 7908

INTERNATIONAL BANKING CORPORATION
NEW YORK, N. Y.

NEW YORK, N. Y., 1950

TO THE DIRECTOR, NEW YORK

FROM THE DIRECTOR, NEW YORK

SUBJECT: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

123
52 7909BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7909
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Joseph Hofstetter HOFSTETTER.

2. DATE
OF
DEATH

AUG 21 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR St. Joseph's Hospital
INSTITUTION

1400 N. Caroline St. #13

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

83 S ANN STREET.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

MARCH 15 1864

9. AGE (in years
last birthday)

88 yrs.

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED GILER.

10B. KIND OF BUSINESS OR
INDUSTRY

PENNA RAILROAD.

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

FRANK. HOFSTATTER.

14. MOTHER'S MAIDEN NAME

AMELIA LEFER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

WILLIAM HOFSTETTER, 15 STANNEYST.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Senility--Generalized Arterio-sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Probable Coronary Thrombosis

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Post-operative Ruptured Appendix

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

July 24, 1952

19B. MAJOR FINDINGS OF OPERATION

Ruptured Appendix---Incarcerated Hernia

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1952 to August 21, 1952, that I last saw the
deceased alive on August 21, 1952 and that death occurred at 10:55 PM, from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Fritz

M. D.

23B. ADDRESS

1400 N. Caroline St. #13

23C. DATE SIGNED

August 21, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

AUG 25 1952

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEMETERY

24D. LOCATION (City, town, or county)

EASTERN AVE RD

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

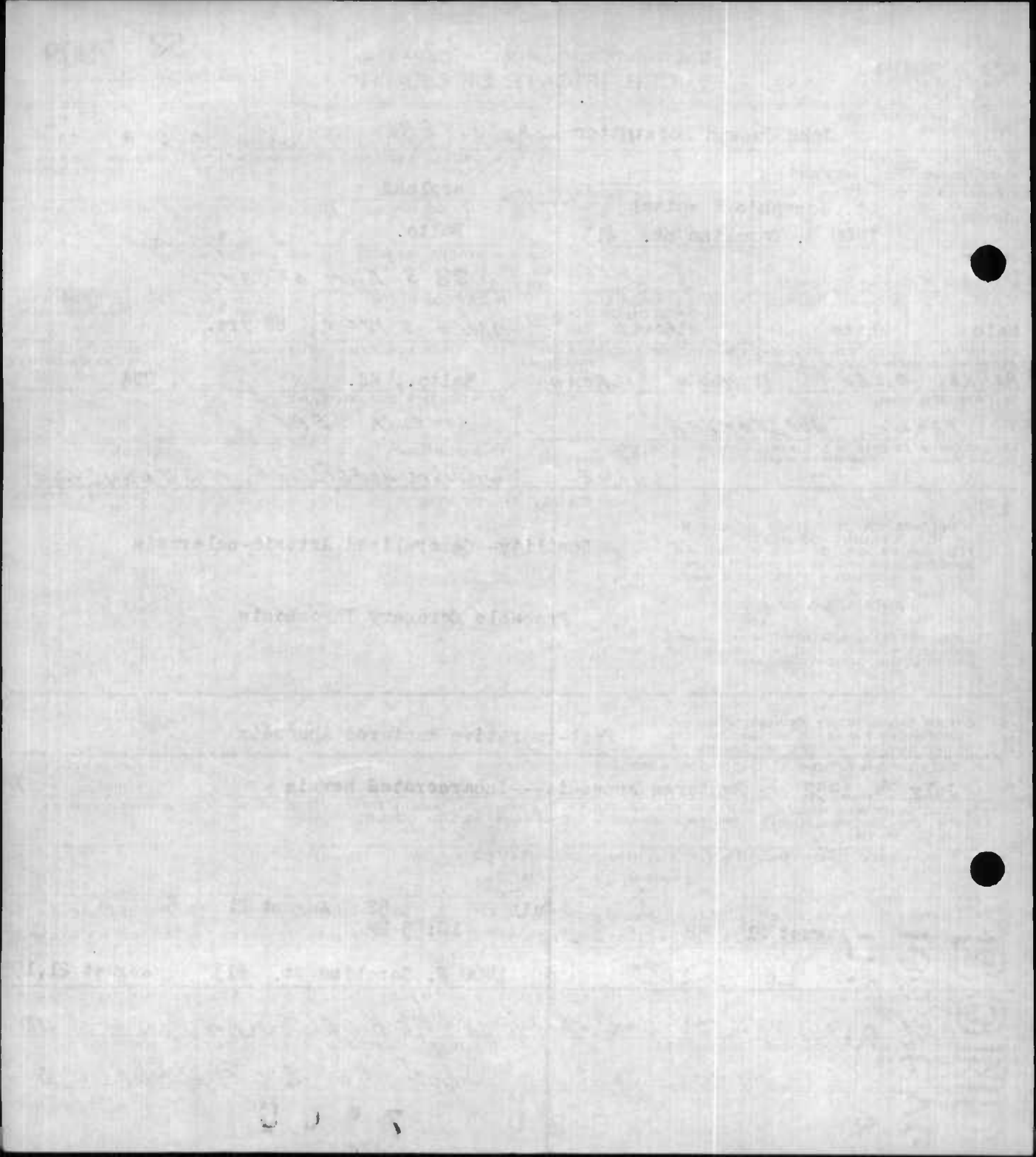
ADDRESS

Doppel Bros 1800 E LOMBARD ST.

VS 150

19520007905

MEDICAL CERTIFICATION



400

52 7910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7910
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mae Thiel</i>		2. DATE OF DEATH <i>8-22-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-01</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2214 Lake Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Dec 12-1897</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Oscar Barton</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Leunkuhler</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr Charles E. Thiel</i>		ADDRESS <i>2214 Lake</i>	

18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <i>chronic glomerular nephritis</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *8-18*, 19*52* to *8-22*, 19*52*, that I last saw the deceased alive on *8-22*, 19*52*, and that death occurred at *8:55 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>W. L. Heimer</i> M. D.	23B. ADDRESS <i>Univ Hosp.</i>	23C. DATE SIGNED <i>8-22-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24B. DATE <i>8/25/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>106251952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>J. Luck</i> ADDRESS <i>5305 Bayford</i>

19520207906

MEDICAL CERTIFICATION

656
52 7911
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7911
Registered No.

1. NAME OF DECEASED (Type or Print) <u>David F. Cramer, Sr.</u>			2. DATE OF DEATH <u>Aug. 23, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Balto.</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>37 Mercy Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u> <u>10-01</u>		
C. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>721 E. Biddle St. #2</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 1, 1872</u>	9. AGE (In years last birthday) <u>80</u>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil</u>		
11. BIRTHPLACE (State or foreign country) <u>MD.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Frederick Cramer</u>			14. MOTHER'S MAIDEN NAME <u>Catharine</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Hosp. Records</u>			ADDRESS		

1B. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <u>Myo cardial infarction</u> DUE TO (B) <u>Arterio sclerotic Heart disease</u> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

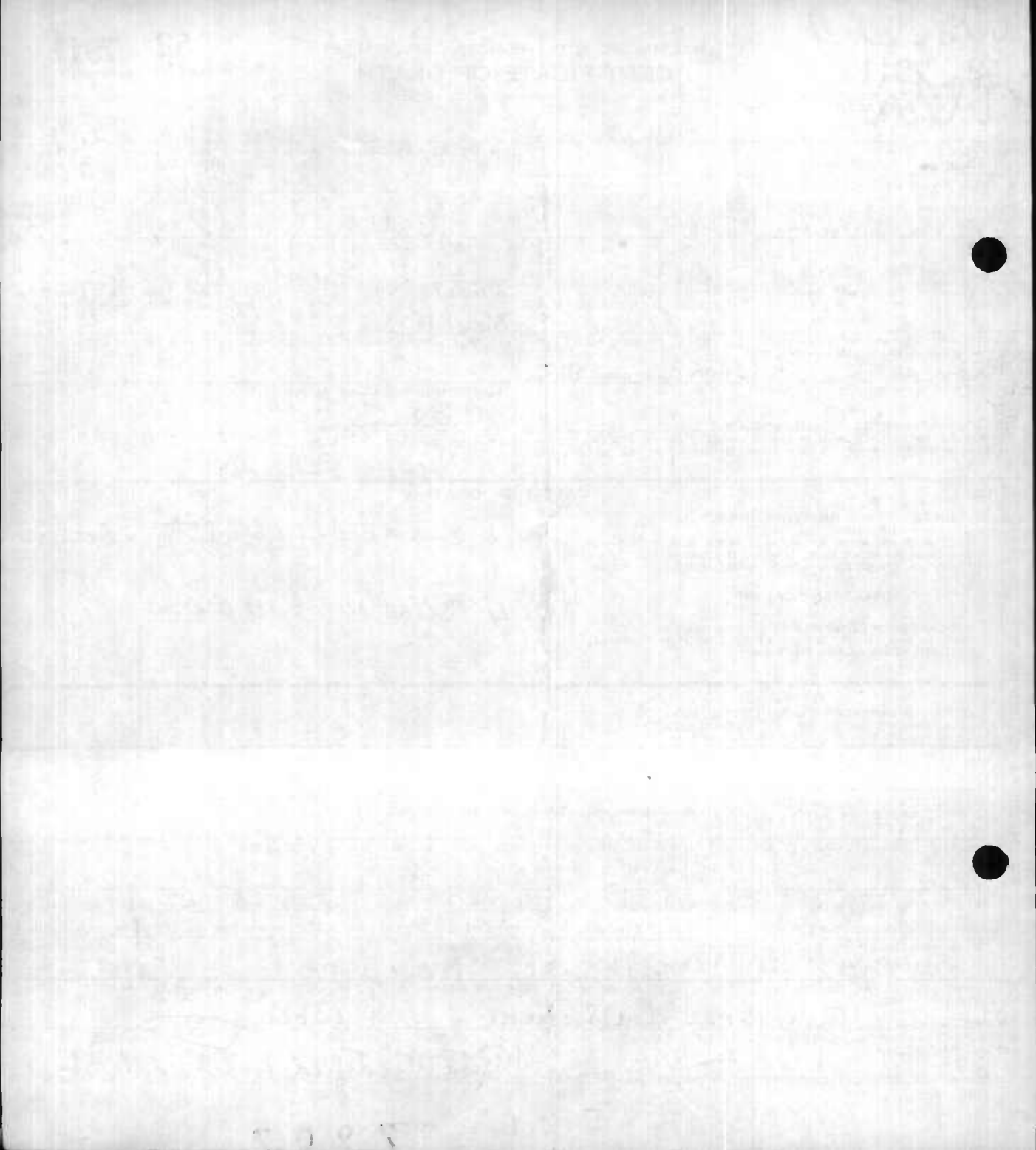
19A. DATE OF OPERATION <u>2</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 1952, to Aug. 23, 1952, that I last saw the deceased alive on Aug. 23, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE James W. Turvell M. D. 23B. ADDRESS Mercy Hosp. 23C. DATE SIGNED 8/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Aug. 26, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Cathedral</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 25 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Beta Wiedfeld 900 E. Biddle St</u>

19520007907



52 7912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7912

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

POCZTOLOWICZ, KATHRINE

2. DATE OF DEATH
8-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto City

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

FRANKLIN SQ. Hosp.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Wm. Swaczewia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

12-4-1887

9. AGE (In years last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

Mary Wojciechowski

17. INFORMANT

ADDRESS

Michael Poczolowicz 1501 Locust St

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Billiary cirrhosis with CHOLAE
MIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio-sclerotic heart disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19, 1952 to 8-24, 1952 that I last saw the deceased alive on 8-24, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. (Meari)

M. O.

23B. ADDRESS

Franklin Sq. Hosp.

23C. DATE SIGNED

8-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

Wm. S. Fialkowski 2007 Eastern Ave

19520007908

MEDICAL CERTIFICATION

RECEIVED

1944

1944

1944



120

52 7913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7913
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Katherine, Novak			2. DATE OF DEATH Aug. 24-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1805 Aliceanna St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City 2-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1805 Aliceanna St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH about 70	9. AGE (In years last birthday) about 70	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland.
13. FATHER'S NAME Ruszka			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Vara Tubbs			ADDRESS 1513 Popland St.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO Endocarditis DUE TO Hypertension DUE TO	CAUSE OF DEATH Coronary thrombosis Endocarditis Hypertension	INTERVAL BETWEEN ONSET AND DEATH 3 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 21, 1952 , to Aug. 24, 1952 that I last saw the deceased alive on Aug. 24, 1952 , and that death occurred at 11:43 m., from the causes and on the date stated above.					
23A. SIGNATURE Paul J. Temple		23B. ADDRESS 2007 S. Rutland St.		23C. DATE SIGNED 8/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Aug. 28-52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) A. A. Co. Md.		25. FUNERAL DIRECTOR Wm. S. Fialkowski			
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		ADDRESS 2007 Eastern Ave	

MEDICAL CERTIFICATION

1902-1903

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1902-1903

1902-1903

256
52 7914BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7914

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Mary Edna Mesmeringer)

Edna Mesmeringer

2. DATE
OF
DEATH

8 22 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ Hosp

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-16

D. STREET ADDRESS (If rural, give location)

4640 Pall Mall Rd # 15

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

w

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

George Miller,

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
n one

17. INFORMANT

ADDRESS

Mr. John C. Mesmeringer, 4640 Pall Mall Rd

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) subarachnoid hemorrhage

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 21, 1952, to 8 22, 1952, that I last saw the deceased alive on 8 22, 1952, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

W. J. H. H. H.

M. D.

23B. ADDRESS

Univ Hosp.

23C. DATE SIGNED

8-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Aug. 26, 1942

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 25 1952

Huntington Williams, 4611 Park Heights Ave.

4611 Park Heights Ave.

DEPARTMENT OF HEALTH
CENTRAL OFFICE OF DEATH

STATE OF NEW YORK

COUNTY OF NEW YORK

CITY OF NEW YORK

WILLIAM J. BROWN

DECEASED

AGE 45

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

TESTS

POST-MORTEM

REMARKS

SIGNATURE

DATE

PLACE

TIME

WITNESSES

DOCTOR

MINISTRY

CHURCH

CEMETERY

INTERMENT

COFFIN

MONUMENT

340

52 7915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7915

Registered No.

BIRTH NO. 52-85594		2. DATE OF DEATH Aug. 24, 1952	
1. NAME OF DECEASED (Type or Print) Laverne Little		2. DATE OF DEATH Aug. 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. 216 4 W		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1333 Brunt St	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-11-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Lorraine Rivers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS JOHNS HOPKINS HOSPITAL	

18. 571.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) cerebral edema	1 day
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Acute diarrhoeal disturbance	5 days
	(C) dehydration & acidosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8/23, 1952 to 8/24, 1952 that I last saw the deceased alive on 8/24, 1952, and that death occurred at 11 M., from the causes and on the date stated above.		
23A. SIGNATURE A. P. Williams	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 8/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-26-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24D. LOCATION (City, town, or county) (State) Anne Arundel Co
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
UG 25 1952	Huntington Williams, M.D.	William S. Phillips	

VS 150

1752000/1805 H. Monroe St

MEDICAL CERTIFICATION

Amesbury, Mass. Sept 24/92

1833
 3-11-22
 1833
 3-11-22
 1833
 3-11-22

James G. Thompson

50 42/8 52 " 56/8

8/1/8

3-2-50
52 7916
VMC-158396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7916
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Evelyn Boykin		2. DATE OF DEATH 8-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 6 yrs.		D. STREET ADDRESS (If rural, give location) 2213 Oram Ave.			
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 14, 1946	9. AGE (in years last birthday) 6 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME Willie Boykin (D)		14. MOTHER'S MAIDEN NAME Eleanor Adams		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Ave.	
18. 010X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Tuberculosis Meningitis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 4-18-52		19B. MAJOR FINDINGS OF OPERATION Laminectomy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-17- , 19 52 , to 8-21- , 19 52 , that I last saw the deceased alive on 8-21- , 19 52 , and that death occurred at 4:20 P m., from the causes and on the date stated above.					
23A. SIGNATURE R. B. Boykin		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 8-22-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Aug 24 1952	24C. NAME OF CEMETERY OR CREMATORY Catholics Memorial		24D. LOCATION (City, town, or county) (State) Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 25 1952	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Miss Katie R. Williams		ADDRESS 322 N

MEDICAL CERTIFICATION

Washington, D.C.
October 10, 1964

Dear Mr. [Name]:
I am writing to you in response to your letter of October 8, 1964, regarding the matter of [Subject].

Enclosed for you are two copies of the report of the [Committee] dated [Date].

Very truly yours,
[Signature]

Enclosure

WFO-12345

N-200
52 7917BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7917

Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <i>Hellie Nash</i>		
2. DATE OF DEATH <i>8-21-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1336 Carroll</i>		
6. STREET ADDRESS (If rural, give location) <i>1336 Carroll St 21-02</i>		
7. Length of stay in Baltimore Yrs. Mos. Days		
8. SEX <i>Female</i>	9. COLOR OR RACE <i>Col.</i>	10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	12. KIND OF BUSINESS OR INDUSTRY	13. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>
14. FATHER'S NAME <i>Peter Johnson</i>		15. MOTHER'S MAIDEN NAME <i>Emily Matthews</i>
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		17. SOCIAL SECURITY NO.
18. INFORMANT <i>James Matthews</i>		19. ADDRESS <i>Carroll 1336</i>

18. <i>174X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Coronary atherosclerosis</i> DUE TO	<i>3 mos.</i>
ANTECEDENT CAUSES	(B) <i>Secondary aneurysm</i> DUE TO	<i>1 mo.</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 21*, 1952, to *Aug 21*, 1952, that I last saw the deceased alive on *8-21*, 1952, and that death occurred at *8:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>J. J. Williams</i>	23B. ADDRESS <i>1843 Penna. Ave</i>	23C. DATE SIGNED <i>8-23-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>8-25-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Wm. A. Williams Cm. Balto.</i>
24D. LOCATION (City, town, or county) <i>Balto.</i>	24E. STATE <i>Md.</i>	24F. FUNERAL DIRECTOR <i>J. J. Williams</i>
24G. ADDRESS <i>Scholar St</i>	24H. DATE RECEIVED BY LOCAL REGISTRAR <i>Aug 23 1952</i>	24I. REGISTRAR'S SIGNATURE <i>J. J. Williams</i>

THE STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE

2

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 7918

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Edward Williams

2. DATE
OF
DEATH

Aug. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

**Baltimore City Hospitals
4940 Eastern Avenue**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2243 Penrose Avenue

20-02

Length of stay in Baltimore

29 yrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

Dec. 26, 1902

9. AGE (In years last birthday)

49

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Jamaica

12. CITIZEN OF WHAT COUNTRY?

B.M. Ind. 193

13. FATHER'S NAME

George Williams

14. MOTHER'S MAIDEN NAME

Hetty Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B.C.H. 4940 Eastern Avenue

18. **434.3**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Marked Aortic Insufficiency**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Terminal Cardiac Failure**

DUE TO

?

(C) **Adhesive Pericarditis**

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **7-17**, 19**52**, to **8-22**, 19**52**, that I last saw the deceased alive on **8-22**, 19**52**, and that death occurred at **8:10a** m., from the causes and on the date stated above.

23A. SIGNATURE

P.D. Crozen

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

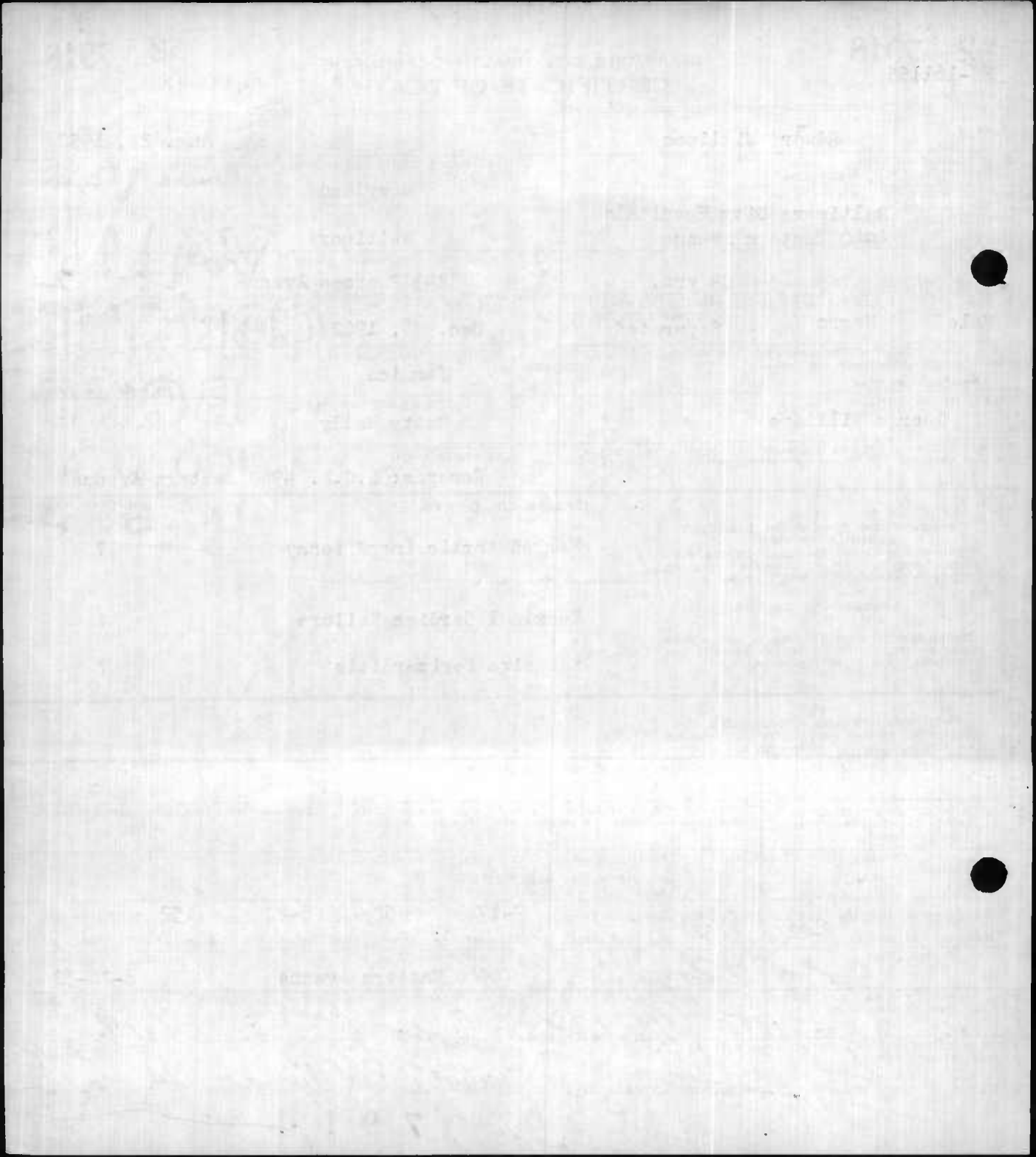
ADDRESS

Aug 25 1952

Huntington Williams, M.D.

Mr. Katie R. Williams

Schroeder Sp.



M-266
52 7919BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7919
Registered No.

1. NAME OF DECEASED (Type or Print) JAMES MC CROREY		2. DATE OF DEATH August 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 305 N. Bruce St. 19-01	
5. SEX Male 6. COLOR OR RACE Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH JAN 19 1924 9. AGE (In years last birthday) 28 10. UNDER 1 YEAR Months: Days 11. UNDER 24 HOURS Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Wallace J. McCrorey		11. BIRTHPLACE (State or foreign country) Winnaboro S.C.	
14. MOTHER'S MAIDEN NAME Maggie Smith		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Maggie McCrorey		ADDRESS 305 N. Bruce St.	
18. 416x CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic Heart Disease (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED August 22, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/25/52	
24C. NAME OF CEMETERY OR CREMATORY Walter Memorial		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS 32 N. ...	
DATE RECEIVED BY LOCAL REGISTRAR Aug 25 1952		REGISTRAR'S SIGNATURE William Williams	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7920**

8-152
BIRTH NO. **52 7920 51-00731**

1. NAME OF DECEASED (Type or Print) CHEANETA		2. DATE OF DEATH August 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 815 Pierce Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan. 7, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 19 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Louis Evans		11. BIRTHPLACE (State or foreign country) Balto. Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Lorraine Scroggins	
17. INFORMANT Louis Evans		ADDRESS 815 Pierce St	

18. 292.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Sickle Cell Anemia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 8/22/52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 8/25/1952	24C. NAME OF CEMETERY OR CREMATORY St. Margaret C.	24D. LOCATION (City, town, or county) (State) D.C. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR Aug 25 1952	REGISTRAR'S SIGNATURE William J. Smith	25. FUNERAL DIRECTOR Max Kate R. Williams ADDRESS 324 N. Schwegel St.		

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B-260 To be approved by Medical Examiner
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
 Registered No. **52 7921**

BIRTH NO. 52 7921		1. NAME OF DECEASED (Type or Print) Caroline A. (Lena) Becker		2. DATE OF DEATH August 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION 2815 White Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2815 White Avenue 27-06			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct. 17, 1860	9. AGE (in years last birthday) 91
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Oscar Weisheit		14. MOTHER'S MAIDEN NAME Henrietta ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. John G. Presser, 2815 White Ave	
18. E903.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) fracture neck right femur 2 months		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		CERTIFICATION APPROVED BY William W. Ruck CHIEF OR ASS'T. MEDICAL EXAMINER	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO			
(C) DUE TO					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2815 White Ave. 27/6	
21D. TIME (Month) (Day) (Year) (Hour) INJURY 6-15-52 7 A m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell walking across floor	
22. I hereby certify that I attended the deceased from 1947 , 19__, to 8-23-52 , 19__, that I last saw the deceased alive on 8-19- , 19 52 , and that death occurred at 8 A m. , from the causes and on the date stated above.					
23A. SIGNATURE C. W. Peake		23B. ADDRESS M. D. 4508 Harford Rd		23C. DATE SIGNED 8-25-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/26/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. FUNERAL DIRECTOR Leonard J. Ruck		24F. ADDRESS 5305 Harford Road.	

MEDICAL CERTIFICATION

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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7922
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK J. WYSOCKI		2. DATE OF DEATH August 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1933 Gough Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 46 yrs		D. STREET ADDRESS (If rural, give location) 1933 Gough Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 20, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevadore		10B. KIND OF BUSINESS OR INDUSTRY Steamship	9. AGE (In years last birthday) 65 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Peter Wysocki		14. MOTHER'S MAIDEN NAME Julianna Skuba	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215 05 3346 A	
17. INFORMANT		ADDRESS Mrs. Maryanna Wysocki, 1933 Gough Street	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) CORONARY OCCLUSION DUE TO	INTERVAL BETWEEN ONSET AND DEATH 8/23/52
	(B) CORONARY SCLEROSIS DUE TO	??
	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 23, 1952**, to **Aug 23, 1952**, that I last saw the deceased alive on **Aug 23, 1952**, and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

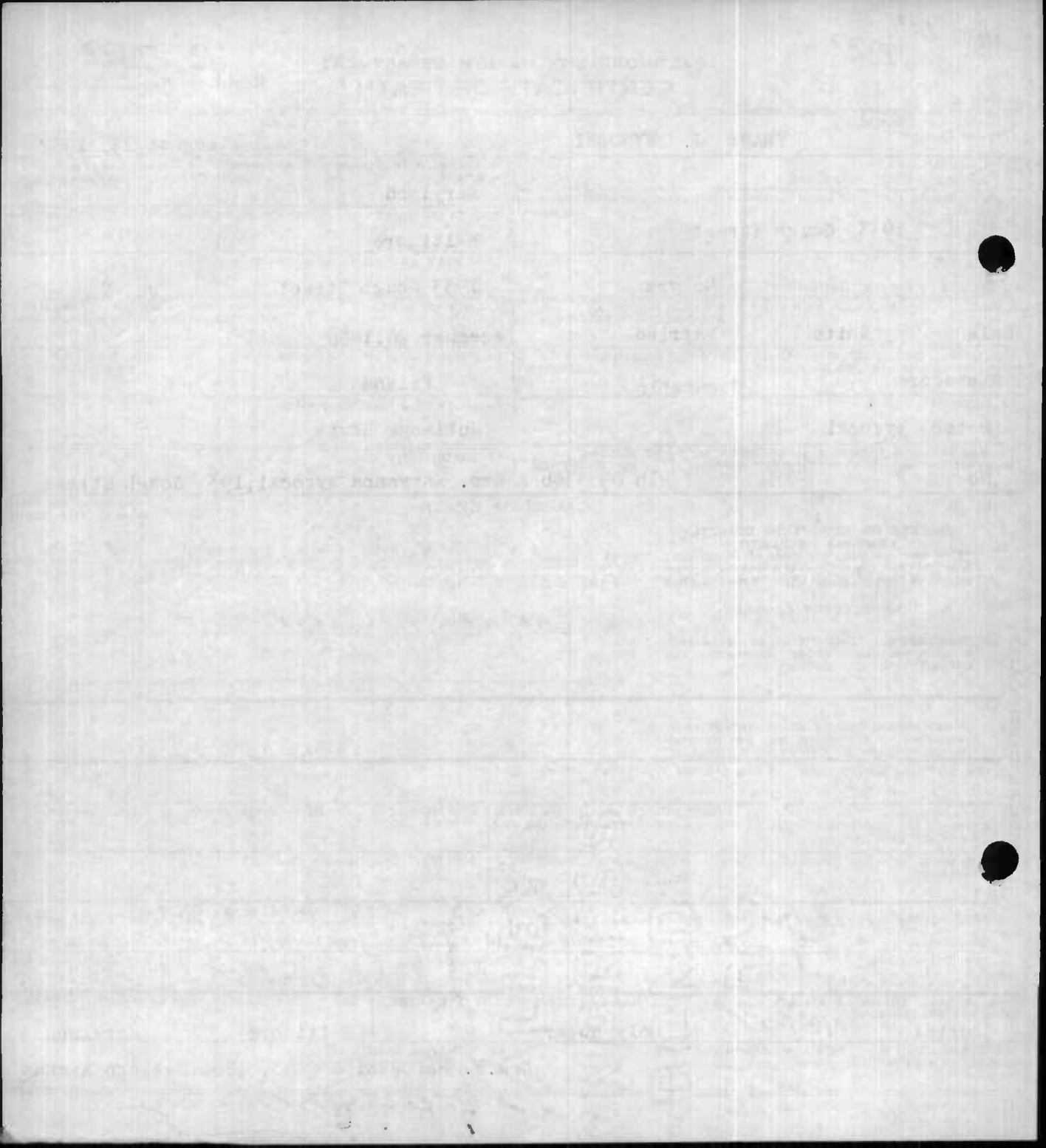
23A. SIGNATURE Joseph F. Dworaga		23B. ADDRESS 209 S Chester St		23C. DATE SIGNED 8/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/26/52		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		25. FUNERAL DIRECTOR ADDRESS M.F. SADOWSKI & SONS, 1808 Eastern Avenue			

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.
----------------------------------	---

AUG 25 1952

1 9 5 2 0 94053

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7923
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LINCOLN V. NUNNELLY

2. DATE
OF
DEATH

August 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1611 Retreat St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1611 Retreat St.

Length of stay in Baltimore

3 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-27-87

9. AGE (in years last birthday)

65

10 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

B. and O. R.R.

11. BIRTHPLACE (State or foreign country)

Portland Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Louis Nunnally

14. MOTHER'S MAIDEN NAME

Louise Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leon Nunnally 1611 Retreat St.

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive & Arteriosclerotic Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

August 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

8-26-52

Baltimore National

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1625 1952

Huntington Williams, M.D.

Charles R. Law 802 Madison Ave.

VS 151

9520078470919

MEDICAL CERTIFICATION

STATEMENT OF HEALTH
AND
CAUSE OF DEATH

Name of Patient		Age		Sex	
Residence		Date of Birth		Date of Death	
Occupation		Cause of Death		Place of Death	
History of Illness		Examination		Diagnosis	
Treatment		Prognosis		Remarks	
Signature of Physician		Signature of Nurse		Signature of Attending Physician	
Date		Time		Place	

B-650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7924
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE H. BROWN

2. DATE
OF
DEATH

August 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Maryland

B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-01

D. STREET ADDRESS (If rural, give location)

1311 North Woodyear Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ben Brown

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 571.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Embolism

minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Mural thrombosis, right ventricle 2 to 3 days

DUE TO

(C)

Dehydration, severe, due to severe diarrhea, 4 days
etiology unknownII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 21, 1952, to Aug 23, 1952, that I last saw the
deceased alive on Aug. 23, 1952, and that death occurred at 1:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Packert M. D.

23B. ADDRESS

University Hospital, Baltimore Aug. 23, 1952

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UG 25 1952

Huntington Williams, M.D.

Wes. A. Kelson 1303

VS 150

Grossman St.

19520000

MEDICAL CERTIFICATION

A-352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7925
Registered No.

BIRTH NO. 7925

1. NAME OF DECEASED
(Type or Print)

CHARLES ADAMS

2. DATE
OF
DEATH

8/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

LABORER

13. FATHER'S NAME

JOHN ADAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

?

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

C. CITY OR TOWN

BALTO

D. STREET ADDRESS (If rural, give location)

1124 N. STOCKTON ST

8. DATE OF BIRTH

3/14/88

9. AGE (In years)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZENSHIP OF (What country?)

USA

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ELIZABETH ADAMS

1124 N. STOCKTON ST

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

ARTERIO SCLEROTIC

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

HEART DISEASE

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

8/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 25 1952

WILLIAMSON WILLIAMS, MD

GEO. S. KELSON

1306

CHARLES HOBBS

1912

HEART DISEASE

Inspection

1912

F-420
52 7926BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7926
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM FALLS		2. DATE OF DEATH August 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. LENGTH OF STAY IN BALTIMORE 4 years		D. STREET ADDRESS (If rural, give location) 1321 N. Chapel Street 8-07	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Old Age Assistance		9. AGE (In years last birthday) 69 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) South Carolina	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no.		14. MOTHER'S MAIDEN NAME	
16. SOCIAL SECURITY NO.		17. INFORMANT Thelma Hunt - 1319 N. Chapel	
16. SOCIAL SECURITY NO.		ADDRESS	

18. **002X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Far Advanced Pulmonary Tuberculosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Smith	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 8/22/52
--	--	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/25/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	24D. LOCATION (City, town, or county) (State) Cedar Hill, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE H. Williams, M.D.	25. FUNERAL DIRECTOR A. Zahlestad - 918 - Spruid	ADDRESS

V 551932

19520007622

1900

STATE OF NEW YORK

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

1916

1917

1918

1919

S-160
52 7927BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

527 7927

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith Schaffer

2. DATE
OF
DEATH

8-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

1730 E. 32nd St Balt
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1730 E. 32nd St

9-06

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

7-29

9. AGE (In years last birthday)

82yrs

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Braan

14. MOTHER'S MAIDEN NAME

Cleanna Gutton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 584x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Circulation (3 days ago) -

3 days

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cholelithiasis x cholecystitis
C. Obstruction common duct
(C) Surgical operation

13 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

12 August 52

Cholelithiasis, inflammation, adhesions

Surgical

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 15, 1952 to Aug 24, 1952 that I last saw the deceased alive on 24 Aug, 1952, and that death occurred at 10P. m., from the causes and on the date stated above.

22A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Hermann H. K. M. D.

4711 Roland Ave

24 Aug 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Aug 27/1952

London Park

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

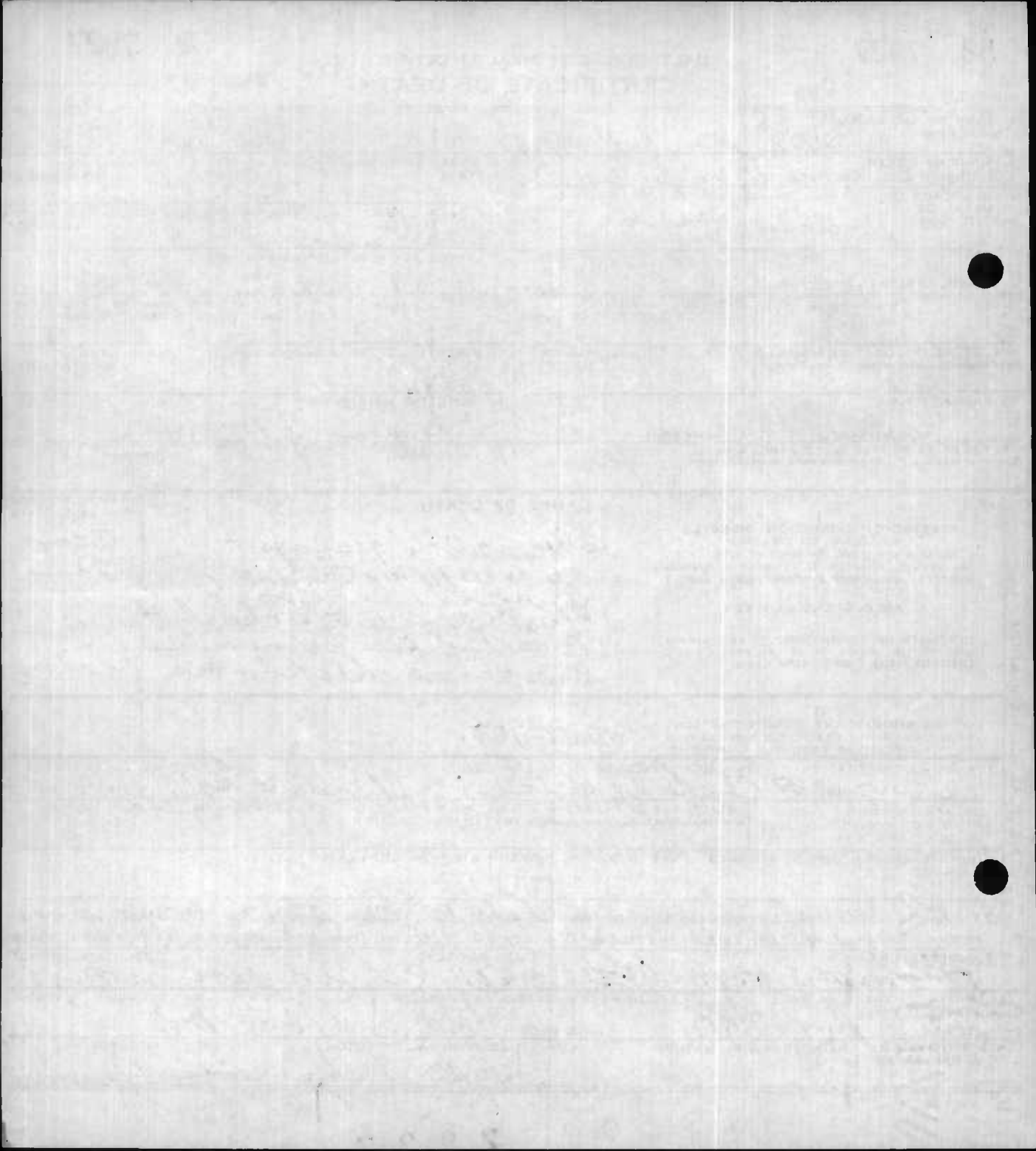
25. FUNERAL DIRECTOR

ADDRESS

6-25-1952

Huntington Williams, M.D.

Harry A. Amaro 4204 Ridgewood



B-240
52 7928BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7928 8,
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Bosley

2. DATE
OF
DEATH

Aug. 21/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE *Md*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-05C. Length of stay in Baltimore *1 week* Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

1506 Milliman St

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7-18-93

9. AGE (In years last birthday)

59

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Dr. Ism.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Bosley

14. MOTHER'S MAIDEN NAME

Adeline Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Subarachnoid Hemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive Cardiovascular Disease*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/19*, 19*52*, to *8/21*, 19*52* that I last saw the deceased alive on *8/21*, 19*52*, and that death occurred at *9:52* a.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Duane McAlexander Jr

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/21/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Aug 25th 52

24C. NAME OF CEMETERY OR CREMATORY

Arboretum Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

6-25-1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr

25. FUNERAL DIRECTOR

Clayton Wilson

ADDRESS

VS 150

5 97899/10000 Cemetery

MEDICAL CERTIFICATION

Aug 21/25

William Borden

1764

Baltimore

1500 William St

7-18-23

Mr

Abelene Thomas

Wm Borden

William Borden

8/14/25 8/21/25

8/21/25

A-325
52 7929BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7929
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Roger A. Atkinson, Sr.		2. DATE OF DEATH Aug. 23/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3802 Harlem Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3802 Harlem Ave. 16-08			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 18, 1897	9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hauteleur		10B. KIND OF BUSINESS OR INDUSTRY Globe Brewery		11. BIRTHPLACE (State or foreign country) Balto. Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Wm. Atkinson		14. MOTHER'S MAIDEN NAME Mary Thompson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Emily E. Atkinson, 3802 Harlem Ave	
18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Pancreas with metastasis in liver. DUE TO (A) Carcinoma of Pancreas with metastasis in liver. (B) (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH about a year.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5/5/52		19B. MAJOR FINDINGS OF OPERATION Pancreatic Cancer with metastasis to liver		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/29/1952 to 8/23/1952 , that I last saw the deceased alive on 8/23/1952 and that death occurred at 2:40 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Theodore H. Morrison M.O.		23B. ADDRESS 11 E. Chase St		23C. DATE SIGNED 8/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 26/52		24C. NAME OF CEMETERY OR CREMATORY Prospect Hill Cemty.	
24D. LOCATION (City, town, or county) Towson, Md.		24E. LOCATION (State) Md.		24F. LOCATION (City, town, or county) Towson, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Harry A. Kintz	
ADDRESS		ADDRESS		ADDRESS 101 Edmondson Ave.	

1 2 568246 2 0 7 9 2 5

CERTIFICATE OF DEATH

BALTIMORE HEALTH DEPARTMENT

CAUSE OF DEATH

10. I, the undersigned, being a duly qualified physician, and having seen the body of the deceased, and having been furnished with a copy of the report of the coroner, do hereby certify that the cause of death was as follows:
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7930

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary M. Lefferts

2. DATE
OF
DEATH

8-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1913 Oak Hill Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

1871

9. AGE (in years
last birthday)

81

11 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

-

13. FATHER'S NAME

Patrick J. Dunnigan

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Annie Hunt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

-

17. INFORMANT ADDRESS
Miss M. Isabelle Lefferts

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Intermediary: C. V. R. D.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Smear anemia, open myeloid, pro. Ca lung

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to Aug. 21, 1952, that I last saw the
deceased alive on Aug. 20, 1952, and that death occurred at 4:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

AUG 22 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8-23-52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 25 1952

Huntington Williams, M.D.

WIEDEFELD & SON

GREENMOUNT AVE & 22nd

1952 AUG 27 9 26

MEDICAL CERTIFICATION

Dr. Haase.



A-252

52 7931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7931

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Askins

2. DATE
OF
DEATH

8/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. Md*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE *Md*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

424 N Eden St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**Md*

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

424 N Eden St. 5-01

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED/DIVORCED (Specify)*M**Col**Widow*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Whitestone, Va*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

William Nickles

14. MOTHER'S MAIDEN NAME

*Fannie Coleman*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Violet Gibson Maxwell 424 N Eden St

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)*Hypertensive Coarctation Aneurysm*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.*Death Upper Respiratory Infection*

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*7-**1 wk.*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from *May 8, 1952* to *Dec 21, 1952*, that I last saw the deceased alive on *May 19, 1952* and that death occurred at *8:45* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

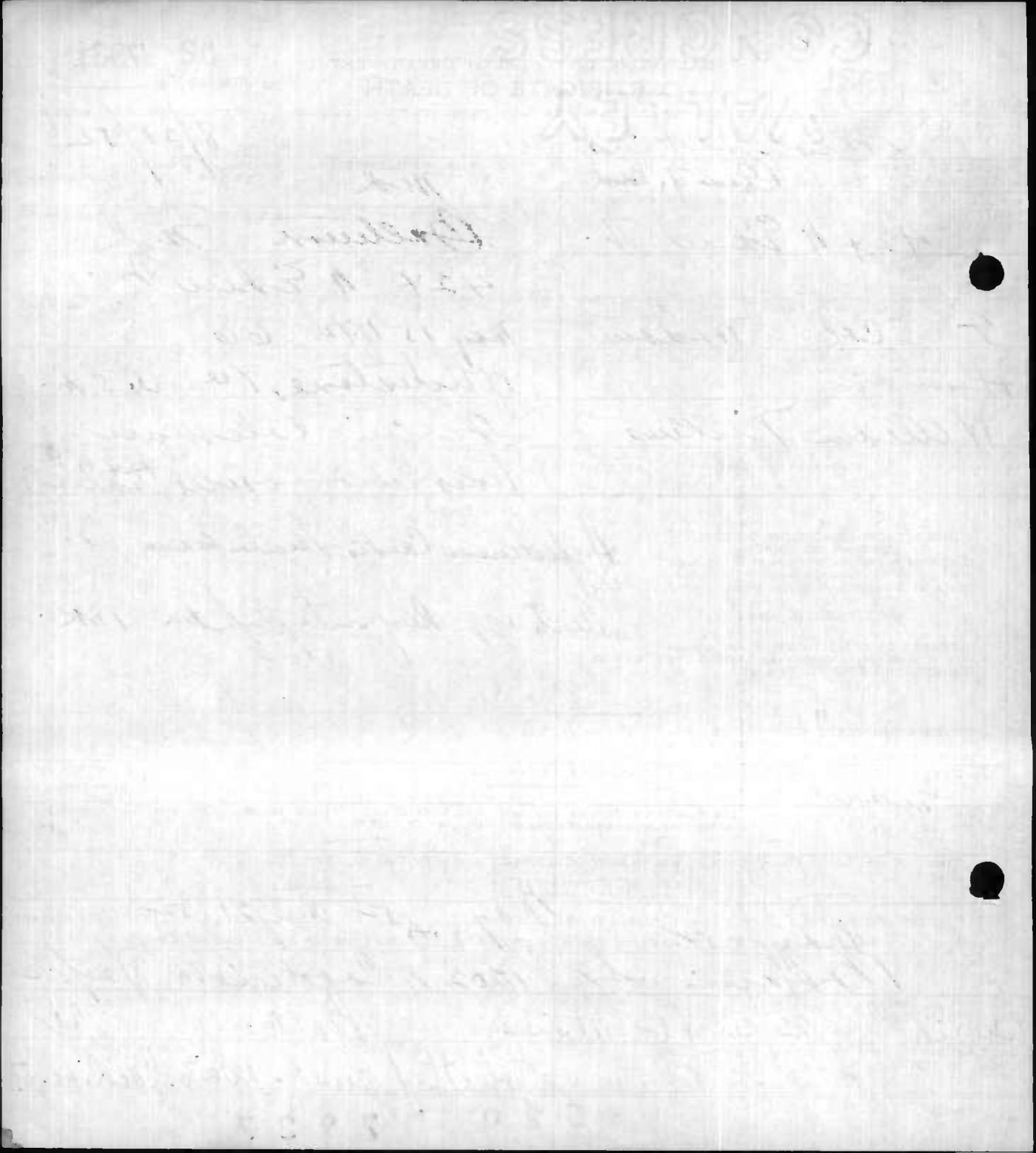
25. FUNERAL DIRECTOR

ADDRESS

AUG 25 1952

19520007927

MEDICAL CERTIFICATION



52 7932
Registered No. _____

2. DATE OF DEATH *Aug 23, 1952*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE MARYLAND B.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
 30 SUMMIT ST

O. STREET ADDRESS (If rural, give location)
2636 MONUMENT ST.

8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min
------------------	---------------------------------	---------------------------------	---------------------------------

10b. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)
BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME
JOHN DIETER

14. MOTHER'S MAIDEN NAME
BANKS SNEYDER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT	ADDRESS
DECEASED	

18. 162X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

Bronchogenic carcinoma with

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)metastasis to liver and hilar nodes
DUE TO (autopsy)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION
8/20/52

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18/52, 1952, to 8/23/52, 1952, that I last saw the deceased alive on 8/23/52, 1952, and that death occurred at 9:33 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

248. DATE

24C. NAME OF CEMETERY OR CREMATORY

24b. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 25 1952

Huntington Williams, M.D.

2601-3-5 E. Madison St.

See Autopsy findings
Document file 52-7932
query response
9/9/52 ES

R-600

52 7933

BALTIMORE CITY HEALTH DEPARTMENT

Ryer

52 7933

W. CERTIFICATE OF DEATH

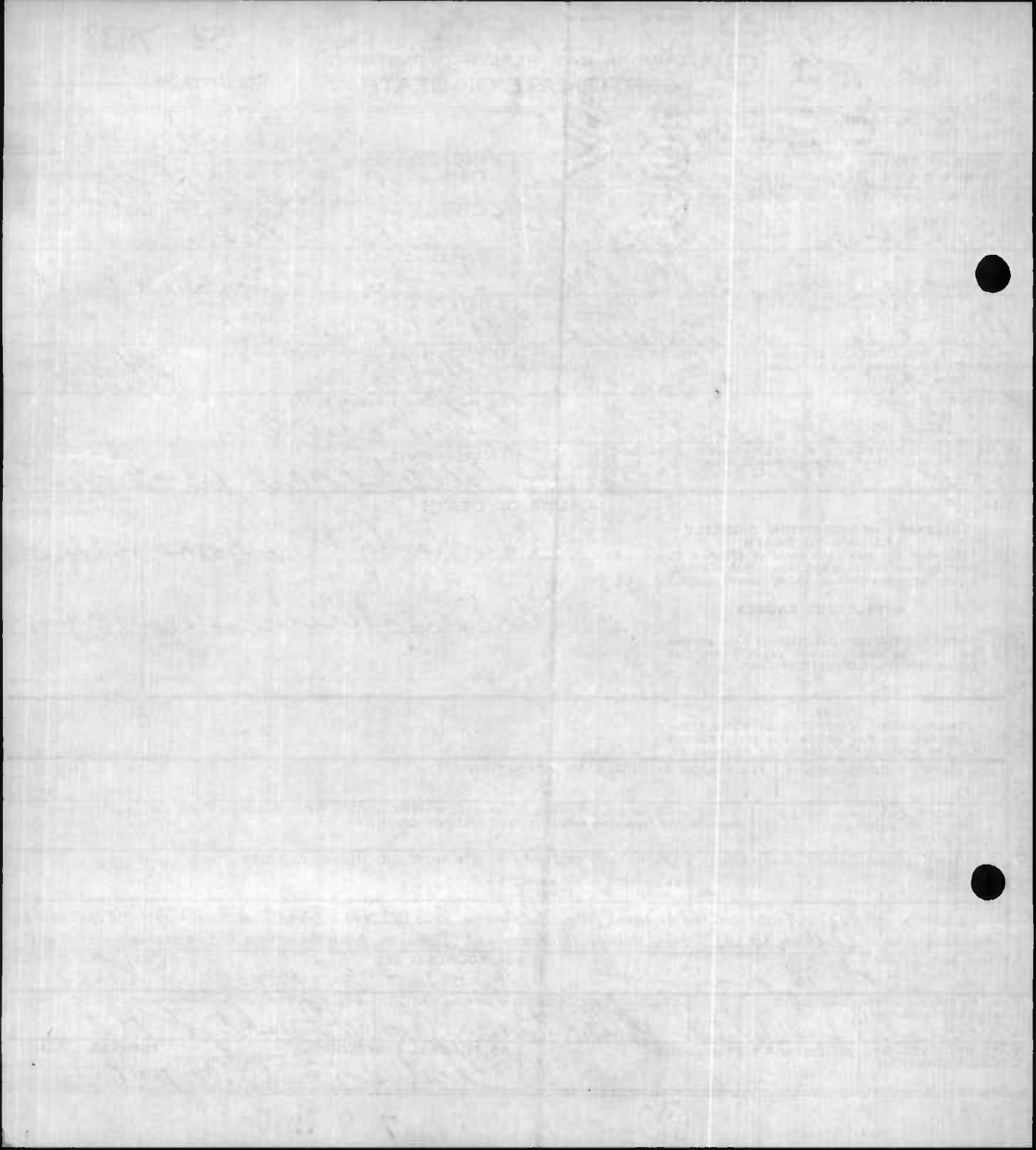
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John H. Ayer</i>		2. DATE OF DEATH <i>Aug. 23, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1342 Dawson St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md. 24-01</i>			
C. Length of stay in Baltimore <i>Balto. Md.</i>		D. STREET ADDRESS (If rural, give location) <i>1342 Dawson St.</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9/2/1872</i>	9. AGE (In years, last birthday) <i>80</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cooper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Cooper</i>		11. BIRTH PLACE (State or foreign country) <i>U.S.A.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John St. Ayer</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Mrs. Ayer</i>	
18. <i>420.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Coronary thrombosis - sudden -</i>			
DUE TO		(B) <i>Arterio-sclerosis</i>		<i>10 yrs.</i>	
ANTECEDENT CAUSES		(C)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 1, 1950</i> to <i>Aug 23, 1952</i> that I last saw the deceased alive on <i>Aug 23, 1952</i> and that death occurred at <i>7:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>S. J. Danvers</i>		23B. ADDRESS <i>436 E Fort Ave</i>		23C. DATE SIGNED <i>8/25/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/26/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md.</i>		25. FUNERAL DIRECTOR <i>Charles F. Dill</i>		ADDRESS <i>15016 Fort Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

AUG 25 1952

4520007929

MEDICAL CERTIFICATION



K-536

CERTIFICATE CORRECTED 8-27-52

BALTIMORE CITY HEALTH DEPARTMENT

52 7934

CERTIFICATE OF DEATH

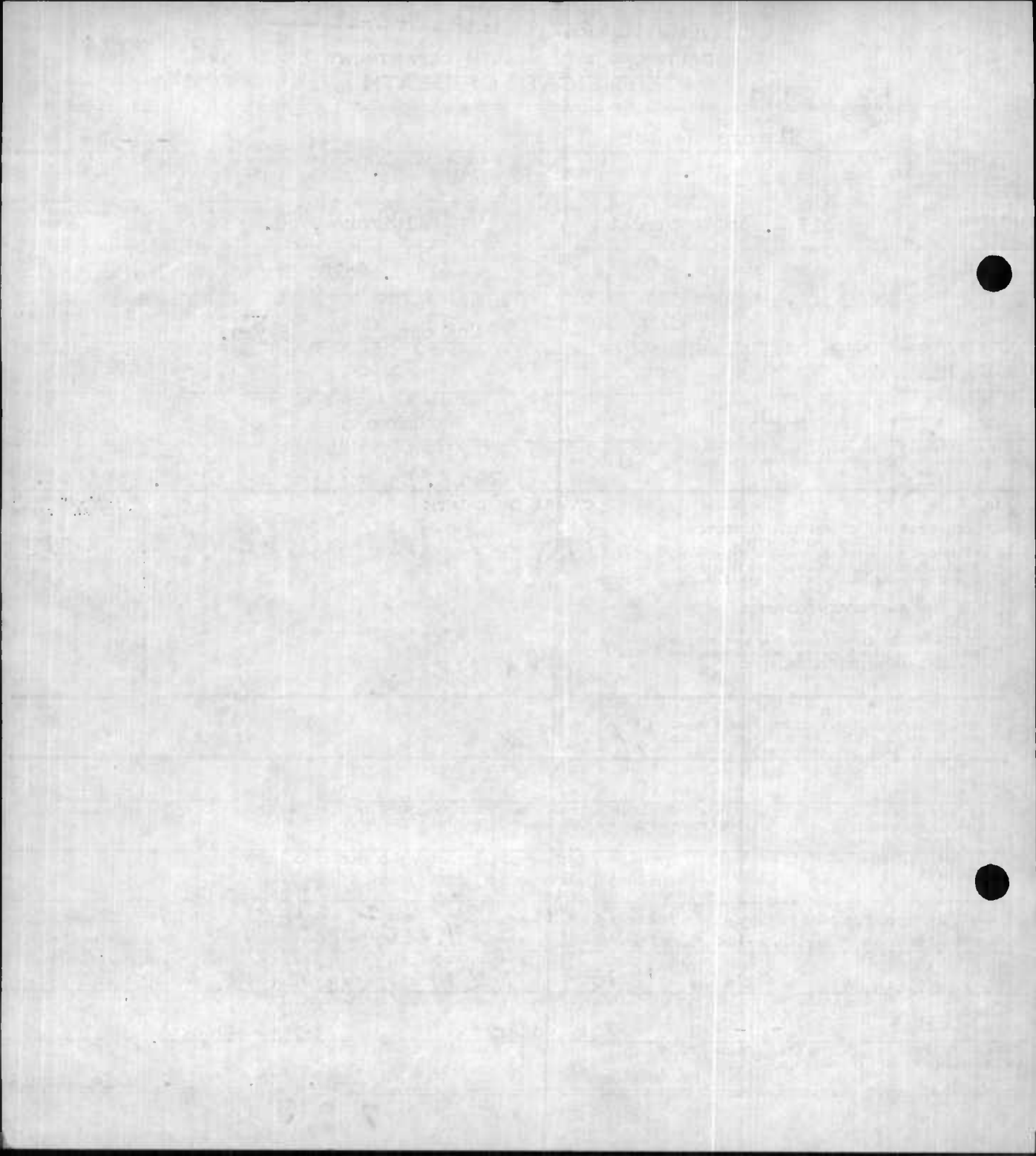
Registered No.

BIRTH NO. 52 7934		2. DATE OF DEATH 8-24-52	
1. NAME OF DECEASED (Type or Print) Elanore Kantor			
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 617 S. Wolfe Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.	
C. Length of stay in Baltimore 65 yrs. 2/		D. STREET ADDRESS (If rural, give location) 617 S. Wolfe Street 2-03	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Unknown
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT John A. Kantor		ADDRESS 617 S. Wolfe St.	

18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Myocardial Insufficiency		3 mths.	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Old Age			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Exhaustion			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 5, 1952, to August 23, 1952, that I last saw the deceased alive on August 22, 1952, and that death occurred at 4:40 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Amelia Link Sheppard M.D.		23B. ADDRESS 2211 E Lake Ave.		23C. DATE SIGNED 8/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-27-52		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR 8-25-1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Lilly & Zeiler, Inc.		24H. ADDRESS 403 S. Wolfe Street			

19520007930



T-460

52 7935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7935
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Sylvester Taylor</u>		2. DATE OF DEATH <u>8-23-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Provident</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>City</u>	
Length of stay in Baltimore <u>30 yrs.</u>		D. STREET ADDRESS (If rural, give location) <u>1123 Arroyo Ave 17-02</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>NEGRO</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 7, 1989</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Order</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>63</u>
11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Plez Taylor</u>		14. MOTHER'S MAIDEN NAME <u>MARY ? Taylor</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>1</u>		ADDRESS	

18. <u>260X</u>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <u>Diabetes Mellitus</u>	<u>unknown</u>	
ANTECEDENT CAUSES	(B) <u>Acidosis & Coma</u>	<u>2 days</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <u>Chronic Glomerulonephritis</u>	<u>unknown</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-20</u> , 19 <u>52</u> , to <u>8-23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-23</u> , 19 <u>52</u> , and that death occurred at <u>11:00</u> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Mc Wilson</u>		23B. ADDRESS <u>Provident Hospital</u>		23C. DATE SIGNED <u>8-23-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Aug 27-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Arbutus Memorial</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 25 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>W. A. H. L. BROWN, SON</u>	

1952 0 10800 Montgomery St

MEDICAL CERTIFICATION

100

52

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT



52 7936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7936

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leon Johnson

2. DATE
OF
DEATH

Aug 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Cal 2

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

1004 Leslie Ave. 5252

C. Length of stay in Baltimore

8 months

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

July 17, 1937

9. AGE (in years
last birthday)

15

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

Essie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 744.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Progressive muscular dystrophy

INTERVAL BETWEEN
ONSET AND DEATH

12 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/23, 1952 to 8/24, 1952 that I last saw the
deceased alive on 8/24, 1952 and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Adamson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-27-52

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cem

24D. LOCATION (City, town, or county)

Berlin Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elvay Wilson 1000 Beauty ave

ADDRESS

AUG 26 1952

VS 150

520007920

MEDICAL CERTIFICATION

APR 5

RECEIVED BY THE
UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE
CHIEF OF STAFF
WASHINGTON, D. C.

1. The following information was received from the
[illegible] on [illegible] at [illegible].

2. The [illegible] of the [illegible] is [illegible].
The [illegible] of the [illegible] is [illegible].

3. The [illegible] of the [illegible] is [illegible].

4. The [illegible] of the [illegible] is [illegible].

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7937
Registered No.52 7937
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARROLL HUHNS		2. DATE OF DEATH August 24, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pikesville, Md.	
d. STREET ADDRESS (If rural, give location) Rosewood Training School		e. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct-1-1912
9. AGE (In years last birthday) 39		10. UNDER 1 Year Months: Days: 11 Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Balto Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Christian Huhn		14. MOTHER'S MAIDEN NAME Agnes Stevens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr Anthony Huhn		ADDRESS Halt	

18. **196X**

CAUSE OF DEATH

Osteogenic sarcoma of upper right femur

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Bronchogenic carcinoma with metastasis to Right Hip lungs and**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Pathological fracture of right hip**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☐

23c. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR ☒**August 25, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

See letter from Dr. Wm. V. Lovitt, Jr,
Asst. Medical Examiner
to correct certification - Document File
52-7937

2 D-143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7938
Registered No.

BIRTH NO. 52 7938

1. NAME OF DECEASED (Type or Print) **Margaretha Dippoldsmann**

2. DATE OF DEATH **Aug. 23/52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
2905 Montebello Terrace

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore **80 yrs**

D. STREET ADDRESS (If rural, give location)
2905 Montebello Terrace

5. SEX **Female**
6. COLOR OR RACE **White**
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Nov. 20, 1865**
9. AGE (in years last birthday) **86**
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Own Home

11. BIRTHPLACE (State or foreign country) **Germany**
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Henry Kalbfleisch**

14. MOTHER'S MAIDEN NAME **Margaretha Weigand**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
17. INFORMANT **Mrs. Anna E. Dibble, 2905 Montebello**

18. **442x** CAUSE OF DEATH **Ter.** INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Bronchopneumonia
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Chronic C.V. D.
DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1945** to **Aug. 23**, 1952, that I last saw the deceased alive on **Aug. 23**, 1952, and that death occurred at **6:50 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Huntington Williams, M.D.** 23B. ADDRESS **4213 Hudson Rd.** 23C. DATE SIGNED **Aug 28 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Aug. 27/52** 24C. NAME OF CEMETERY OR CREMATORY **Loudon Park** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **AUG 26 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** FUNERAL DIRECTOR'S SIGNATURE **Harry H. Witzke** ADDRESS **Edmondson Ave.**

MEDICAL CERTIFICATION

CRIMINAL RECORD

CAUSE NO. 10000

RECEIVED

OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF LOS ANGELES, CALIF.

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

IN SENATE, JANUARY 1, 1900

REPORT OF THE DISTRICT ATTORNEY

ON THE PROCEEDINGS OF THE

COURT OF CRIMINAL JUSTICE

FOR THE YEAR 1899

AND THE PROCEEDINGS OF THE

COURT OF CIVIL JUSTICE

FOR THE YEAR 1899

7160

52 7939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7939

Registered No.

1. NAME OF DECEASED (Type or Print) JESSIE ELVIRA SHEFFER		2. DATE OF DEATH 23 Aug 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baths	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baths	
D. Length of stay in Baltimore		E. STREET ADDRESS (If rural, give location) 3909 Forest Park Ave #7	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7/14/93
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John W. Sheffer		14. MOTHER'S MAIDEN NAME Mary Ellen Knight	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Ada M. McLaughlin-3909 Forest Park Ave		ADDRESS	
18. 518X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral meningitis DUE TO Encephalitis, left lung DUE TO Idiopathic epilepsy		INTERVAL BETWEEN ONSET AND DEATH 3 wks. 1 yr.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 July , 19 52 , to 23 Aug , 19 52 , that I last saw the deceased alive on 23 Aug , 19 52 , and that death occurred at 9:40 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE M. S. Paulk		23B. ADDRESS Lutheran Hosp.	
23C. DATE SIGNED 23 Aug 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/26/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR AUG 26 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Dickner & Sons - Bath, Md.	
VS 150 19520007935			

MEDICAL CERTIFICATION

650

52 7940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7940

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ABIGAIL W. KEARNEY

2. DATE OF DEATH Aug. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

4128 Fairview Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4128 Fairview Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 27, 1880

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Walker

14. MOTHER'S MAIDEN NAME

Josephine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. Walter T. Kearney-4128 Fairview Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Cardiovascular disease

about 4 hrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1948 to Aug 24, 1952 that I last saw the deceased alive on Aug 24, 1952 and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/27/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

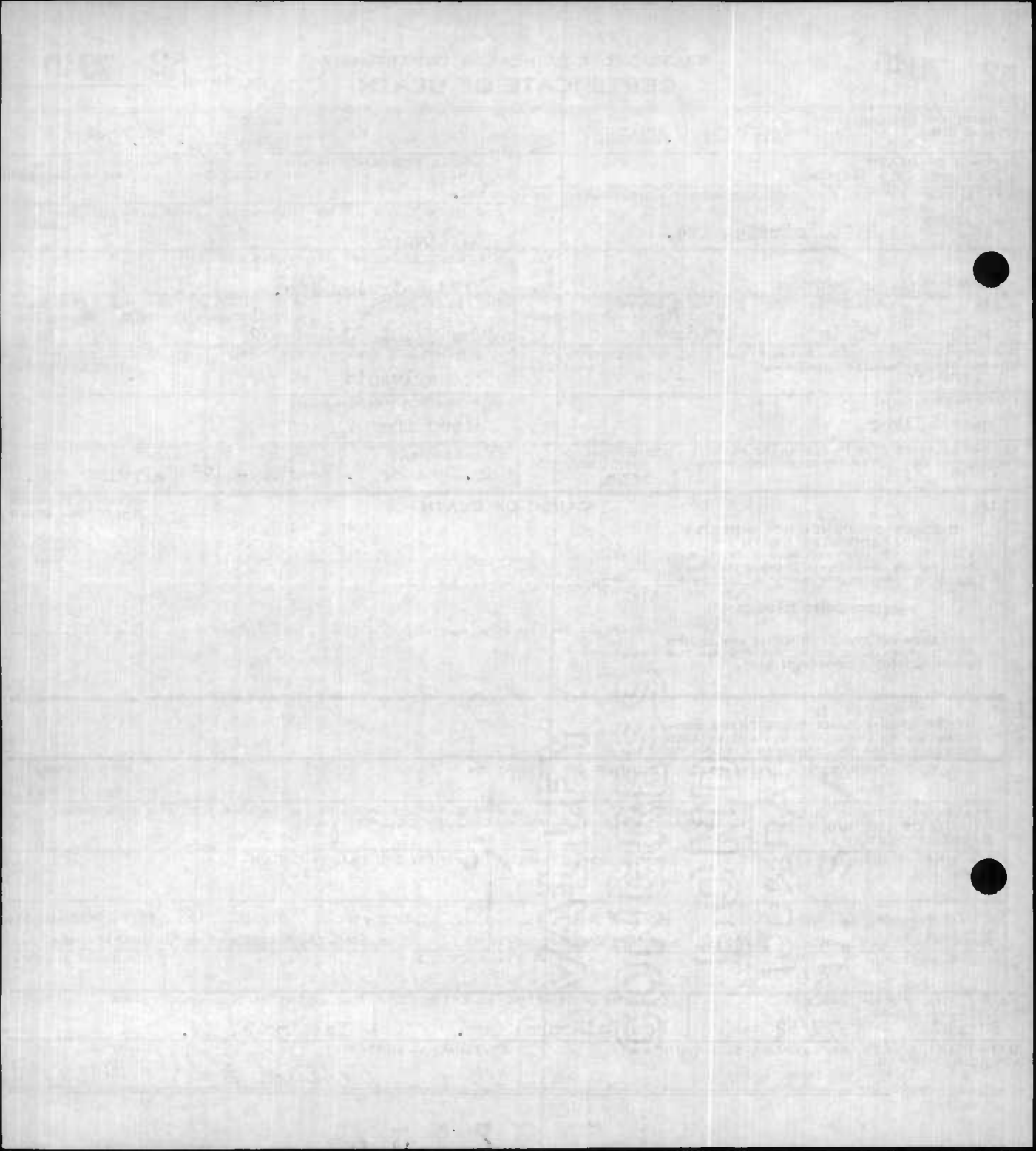
Huntington Williams, MD

Wm. J. Tiekner & Sons - Balt Md.

VS 150

19520207936

MEDICAL CERTIFICATION



262
52 7941BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7941
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALLY A. ROGERS

2. DATE OF DEATH
Aug. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE 3700 Ferndale Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3700 Ferndale Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 7, 1895

9. AGE (in years last birthday)

57

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Zimmerman

14. MOTHER'S MAIDEN NAME

Helene Staub

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Evelyn L. Fry-2403 Allendale Rd.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

Coronary atherosclerosis

4 yrs - ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

Ca of Stomach

7 yrs ?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1952, to Aug 24, 1952, that I last saw the deceased alive on Aug 24, 1952, and that death occurred at 9 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/27/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 26 1952

Huntington Williams, M.D.

Wm. J. Dickner & Sons

VS 150

95633620793 Beth, Md.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION & WELFARE
CENTRAL OFFICE OF STATISTICS

NOTE

NOTE TO USER

1. This report is prepared for the use of the public health service and is not to be distributed outside the service.

2. This report is prepared for the use of the public health service and is not to be distributed outside the service.

3. This report is prepared for the use of the public health service and is not to be distributed outside the service.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 7942BIRTH NO. 52 7942 198271. NAME OF DECEASED
(Type or Print)Balog, Deborah Annette2. DATE
OF
DEATHAugust 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3116 E. Federal St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION XSt. Joseph's

C. Length of stay in Baltimore

6 da.Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

August 19, 19529. AGE (in years
last birthday)If Under 1 Year
Months: Days6If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert M. Balog

14. MOTHER'S MAIDEN NAME

Marie P. Witkowski15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Generalized atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Hemorrhagic disease19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 19, 1952 to August 25, 1952 that I last saw the
deceased alive on Aug. 25, 1952 and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Glavin

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

Aug. 26, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Aug 26 1952Huntington Williams, M.D. John M. Welber 401 J. Chester St

VS 150

1520007938

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7943
Registered No.

52 7943
BIRTH NO.

1. NAME OF DECEASED (Type or Print) BESSIE			2. DATE OF DEATH August 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4 E MT VERNON PLACE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 24 E. Mt. Vernon Place			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 11, 1898	9. AGE (In years last birthday) 55	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10B. KIND OF BUSINESS OR INDUSTRY SAME		
11. BIRTHPLACE (State or foreign country) KENTUCKY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ROBERT HARBERSON			14. MOTHER'S MAIDEN NAME ELLA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT KATH PETERSON, 24 ADDRESS			18. ADDRESS 4 E MT VERNON PLACE		

18. E 974x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hanging		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 24 E. Mt. Vernon Place
21D. TIME (Month) (Day) (Year) (Hour) Found August 25, 1952 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged herself with bed sheet

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE <i>William H. Davis</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. Chas P. Towell		23C. DATE SIGNED August 25, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 8/25/52	24C. NAME OF CEMETERY OR CREMATORY Danville	24D. LOCATION (City, town, or county) (State) Kentucky	
DATE RECEIVED BY LOCAL REGISTRAR AUG 26 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		

VS 151 **N 991x** **P 9520007939**

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 7944BIRTH NO. 52 7944

1. NAME OF DECEASED (Type or Print) <u>Mary E. Schmidt</u>		2. DATE OF DEATH <u>8/25/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>S-01</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sinai Hospital of Balt., Inc.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>2836 Mayfield Ave.</u>			
c. Length of stay in Baltimore		Yrs. Mos. Days	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, <u>WIDOWED</u> DIVORCED (Specify)	8. DATE OF BIRTH <u>7/19/82</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <u>70</u>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <u>John John</u>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. <u>293X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Massive hemorrhage into GI tract + Acute Pulm. Edema</u> DUE TO <u>Hypoplastic Anemia</u> DUE TO <u>Saber Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-29</u> 19 <u>52</u> , to <u>8-25</u> 19 <u>52</u> that I last saw the deceased alive on <u>8-25</u> 19 <u>52</u> and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <u>Joseph DeChalham</u> M. D.		23B. ADDRESS <u>Sinai</u>	
23C. DATE SIGNED <u>8-25-52</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>Aug 29/1952</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore</u>		24D. LOCATION (City, town, or county) (State) <u>Balto Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 26 1952</u>		REGISTRAR'S SIGNATURE <u>William H. Williams, M.D.</u>	
25. FUNERAL DIRECTOR		ADDRESS <u>4204 Ridgwood Ave</u>	

CONTINUED FROM PREVIOUS PAGE

1945

1945

1. The first part of the report is a general statement of the work done during the year.

2. The second part is a detailed account of the work done on the various projects.

3. The third part is a summary of the results of the work done during the year.

4. The fourth part is a list of the publications and reports issued during the year.

5. The fifth part is a list of the names of the persons who have contributed to the work.

6. The sixth part is a list of the names of the persons who have been employed during the year.

7. The seventh part is a list of the names of the persons who have been consulted during the year.

8. The eighth part is a list of the names of the persons who have been visited during the year.

9. The ninth part is a list of the names of the persons who have been invited during the year.

10. The tenth part is a list of the names of the persons who have been received during the year.

11. The eleventh part is a list of the names of the persons who have been entertained during the year.

12. The twelfth part is a list of the names of the persons who have been honored during the year.

13. The thirteenth part is a list of the names of the persons who have been elected during the year.

14. The fourteenth part is a list of the names of the persons who have been appointed during the year.

15. The fifteenth part is a list of the names of the persons who have been promoted during the year.

16. The sixteenth part is a list of the names of the persons who have been discharged during the year.

17. The seventeenth part is a list of the names of the persons who have been retired during the year.

18. The eighteenth part is a list of the names of the persons who have been deceased during the year.

19. The nineteenth part is a list of the names of the persons who have been born during the year.

20. The twentieth part is a list of the names of the persons who have been married during the year.

21. The twenty-first part is a list of the names of the persons who have been divorced during the year.

22. The twenty-second part is a list of the names of the persons who have been widowed during the year.

23. The twenty-third part is a list of the names of the persons who have been orphaned during the year.

24. The twenty-fourth part is a list of the names of the persons who have been adopted during the year.

25. The twenty-fifth part is a list of the names of the persons who have been emancipated during the year.

26. The twenty-sixth part is a list of the names of the persons who have been freed during the year.

27. The twenty-seventh part is a list of the names of the persons who have been liberated during the year.

28. The twenty-eighth part is a list of the names of the persons who have been released during the year.

29. The twenty-ninth part is a list of the names of the persons who have been pardoned during the year.

30. The thirtieth part is a list of the names of the persons who have been forgiven during the year.

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52 7945

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7945

1. NAME OF DECEASED (Type or Print) <i>Katharine Baxter</i>		2. DATE OF DEATH <i>Aug. 25, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>37 Mercy Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 12-02</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3022 Barclay St - 18</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>July 25, 1876</i>
9. AGE (In years last birthday) <i>76</i>		10. AGE (In years last birthday) <i>76</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME <i>Michael Faherty</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Hosp. records</i>		ADDRESS	
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Gastric hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cirrhosis of liver</i>		?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertensive & arteriosclerotic heart disease.</i>			
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug. 21, 1952</i> , to <i>Aug. 25, 1952</i> , that I last saw the deceased alive on <i>Aug. 25, 1952</i> , and that death occurred at <i>9:15 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Gregorio De Torreal</i>		23B. ADDRESS <i>Mercy Hosp</i>	
23C. DATE SIGNED <i>8/25/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Aug 28/1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>J. Melville Jenkins 2713 York Ave</i>	

VS 150

19520007941

MEDICAL CERTIFICATION

421
52 7946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7946
Registered No.

1. NAME OF DECEASED (Type or Print) <u>George Blackburn</u>			2. DATE OF DEATH <u>8-24-52</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>—</u>			d. STREET ADDRESS (If rural, give location) <u>267 1/2 N. Exeter Street</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8-10-1897</u>	9. AGE (In years last birthday) <u>55</u>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>			11. BIRTHPLACE (State or foreign country) <u>Washington, D.C.</u>		
13. FATHER'S NAME <u>Wesley Blackburn</u>			12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>—</u>		
17. INFORMANT <u>PATIENT</u>			ADDRESS <u>—</u>		

MEDICAL CERTIFICATION

18. <u>028.2</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Lung Abscess</u> DUE TO ANTECEDENT CAUSES (B) <u>Latent Syphilis</u> DUE TO (C) <u>—</u> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH <u>2mo (approx)</u>								
19a. DATE OF OPERATION <u>0</u>			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) INJURY			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>7-8-1952</u> , to <u>8-24-1952</u> , that I last saw the deceased alive on <u>8-24-1952</u> , and that death occurred at <u>6:20 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>O. N. Coker / W. C. C.</u>			23b. ADDRESS <u>Provident Hospital</u>			23c. DATE SIGNED <u>8-24-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>8-26-52</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Brooklyn M.C.</u>		
24d. LOCATION (City, town, or county) (State) <u>Brooklyn, MD</u>			24e. NAME OF CEMETERY OR CREMATORY <u>Brooklyn M.C.</u>			24f. LOCATION (City, town, or county) (State) <u>Brooklyn, MD</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>Aug 26 1952</u>			REGISTRAR'S SIGNATURE <u>Huntington Williams</u>			24g. FUNERAL DIRECTOR <u>Theroy Wilcox</u>		

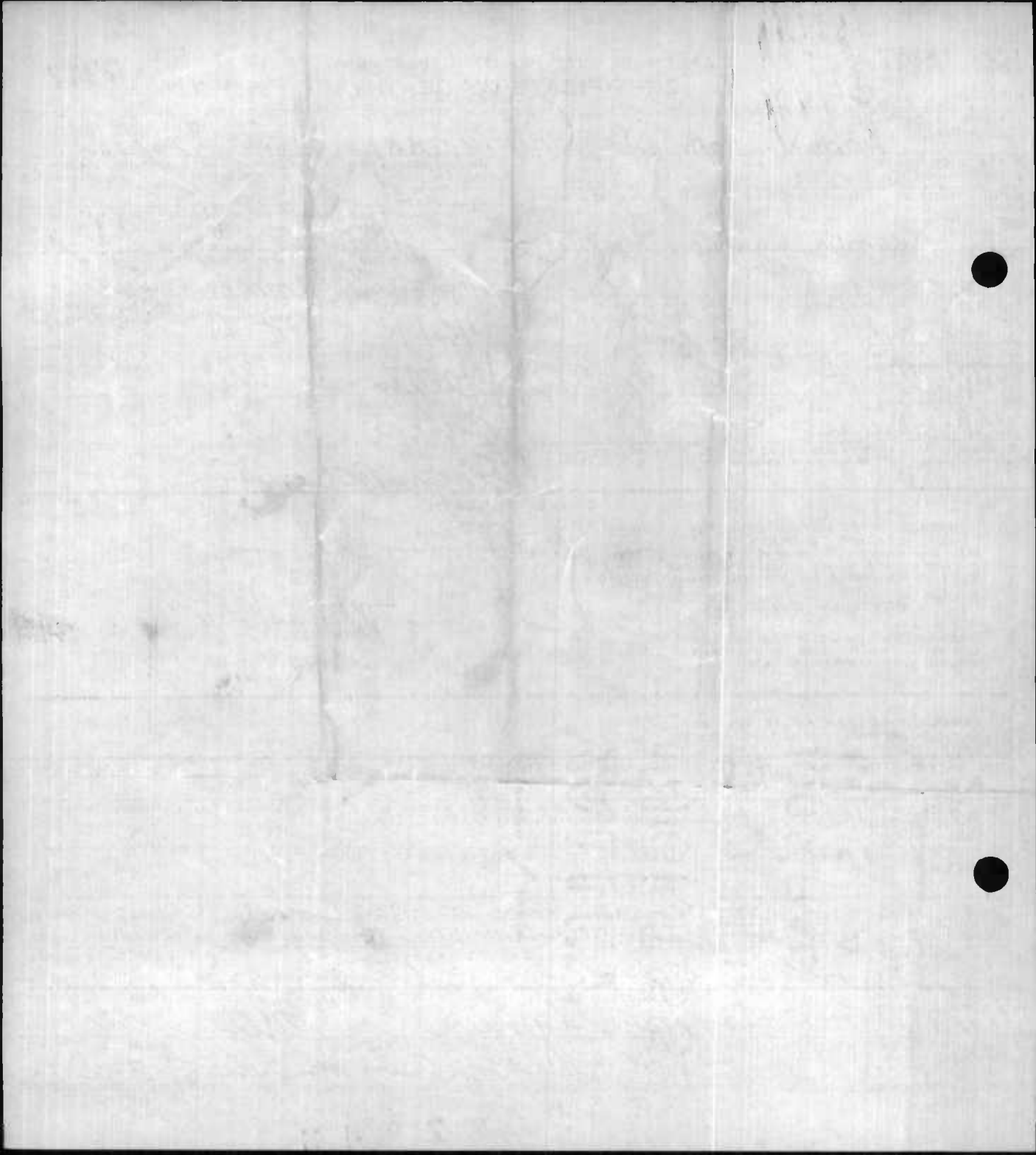
UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE

1. Name of Vessel
2. Date
3. Port of Origin
4. Port of Destination
5. Name of Master
6. Name of Agent
7. Name of Charterer
8. Name of Freight Forwarder
9. Name of Shipper
10. Name of Receiver
11. Name of Consignee
12. Name of Beneficiary
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100. Name of Endorsee

255
52 7947BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7947

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Samuel Hoshman (HOCHMAN)		2. DATE OF DEATH 8/26/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-04			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2020 Edmondson Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9/30/98	9. AGE (In years last birthday) 54	10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY Dry Goods		11. BIRTHPLACE (State or foreign country) Baltimore Md	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Abraham		14. MOTHER'S MAIDEN NAME Katie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Flora Hochman - Daughter	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Pulmonary edema DUE TO (B) Coronary heart disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 15, 1948, to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 4:10 m., from the causes and on the date stated above.					
23A. SIGNATURE Samuel Lubin M.O.		23B. ADDRESS 293 Putapsco ave		23C. DATE SIGNED 8/26/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-27-52		24C. NAME OF CEMETERY OR CREMATORY Garrison Run	
24D. LOCATION (City, town, or county) Baltimore Md		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 2100 Canton Rd	



CERTIFICATE CORRECTED 10-21-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7948
Registered No.

645 52 7948
BIRTH NO. 52-16217

1. NAME OF DECEASED (Type or Print) Pablo B. Williams Beutel Freeland		2. DATE OF DEATH Aug. 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 813 N. Parrish St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-02	
6. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 813 N. Parrish St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 11, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 Under 1 Year Months: 14 Days: 14 Hours: 14 Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Paul Williams		14. MOTHER'S MAIDEN NAME Nelson Freeland Virginia Freeman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John P. Williams		ADDRESS 813 N. Parrish St.	

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute lymphatic leukemia		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) — (C) —		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

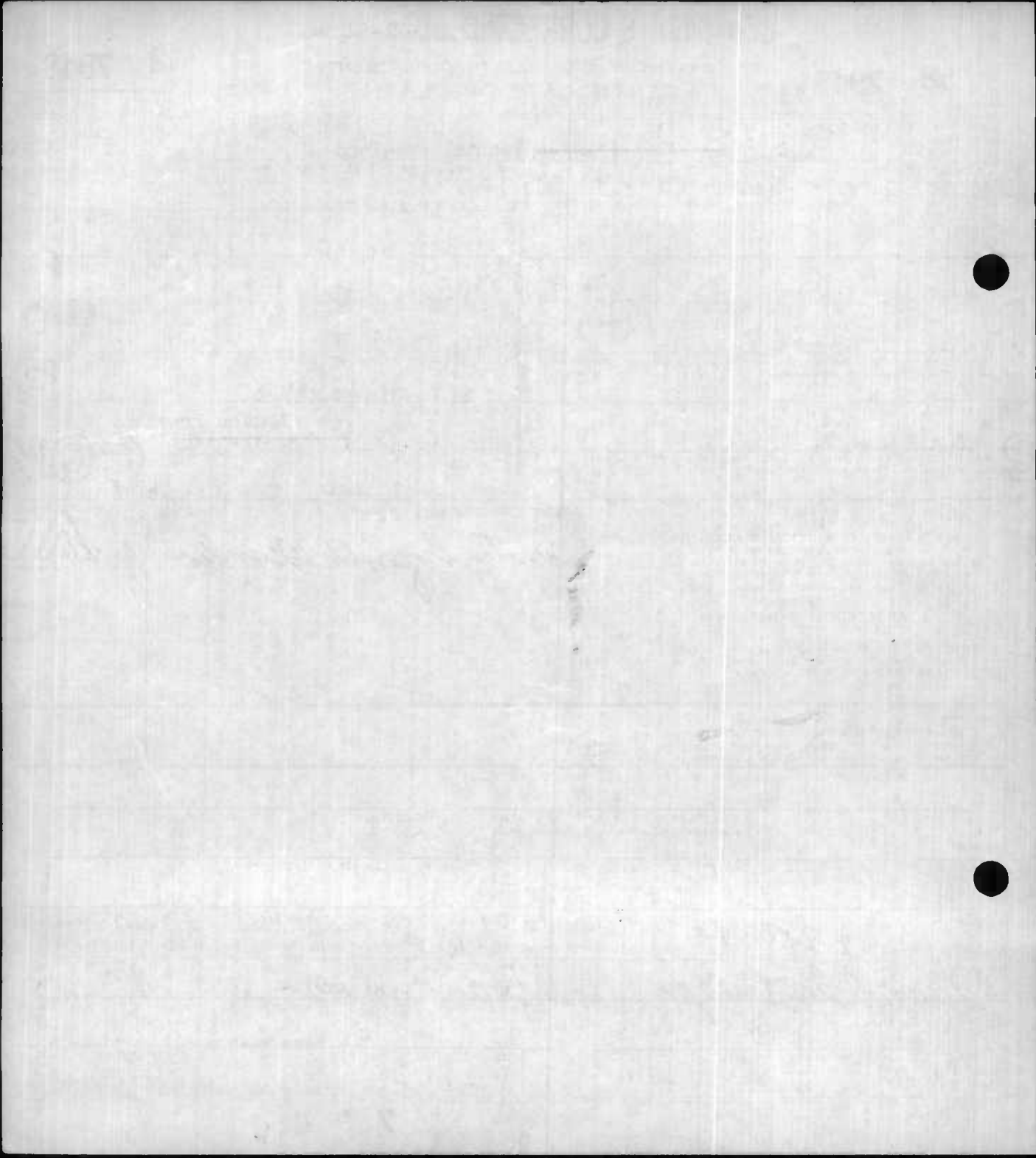
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-21**, 19**52**, to **8-25**, 19**52**, that I last saw the deceased alive on **8-25**, 19**52**, and that death occurred at **10: P m.**, from the causes and on the date stated above.

23A. SIGNATURE Martha L. Bullock	23B. ADDRESS M. D. 1543 Kenmore	23C. DATE SIGNED 8-26-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 27, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D. LOCATION (City, town, or county) (State) Mt. Winans Baltimore Md.		

DATE RECEIVED BY LOCAL REGISTRAR AUG 26 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Joseph L. Russ	ADDRESS 1200 McCulloh St Baltimore, Md.
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1952 07 04



W-425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7949

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Wilson (Cole)

2. DATE
OF
DEATH

Aug. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 1, 1926

9. AGE (In years
last birthday)

26

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

Cleaners

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Stanley Cole

14. MOTHER'S MAIDEN NAME

Elizabeth Gaskins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. 030X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary embolism?

DUE TO

Tubercular abscess (6-8) 5 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

2nd day anemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19, 1952, to 8/24, 1952, that I last saw the
deceased alive on 8/24, 1952, and that death occurred at 11:53 P.M., from the causes and on the date stated above.

23A. SIGNATURE

R.G. Blummann

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8-26-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

C. R. Law

ADDRESS

802 Madison Ave.

26-1952
VS 150

67388

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of coroner		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

M-320
52 7950BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7950
Registered No.

BIRTH NO. 52-17179

1. NAME OF DECEASED (Type or Print) <i>Baby girl Matthews</i>			2. DATE OF DEATH <i>8-24-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> <i>2735 W. Lafayette Ave.</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township) <i>16-06</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			6. STREET ADDRESS (If rural, give location) <i>2735 W. Lafayette Ave.</i>		
7. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			8. DATE OF BIRTH <i>2-25-52</i>		
9. SEX <i>F</i>		10. COLOR OR RACE <i>C</i>		11. AGE (in years last birthday) <i>39</i> <i>5</i>	
12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. FATHER'S NAME <i>Norman Matthews</i>		16. MOTHER'S MAIDEN NAME <i>Eda</i>		17. CITIZEN OF WHAT COUNTRY?	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		19. SOCIAL SECURITY NO.		20. INFORMANT ADDRESS <input checked="" type="checkbox"/>	

18. *764.5* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Prematurity & diarrhea
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
15 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Escherichia

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *7/25*, 19*52* to *8/24*, 19*52*, that I last saw the deceased alive on *8/24*, 19*52* and that death occurred at *4:00* p.m., from the causes and on the date stated above.

23A. SIGNATURE *W. S. Glavin* M. D. 23B. ADDRESS *Univ. Hosp.* 23C. DATE SIGNED *8-24-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8-26-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>6-26-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>C. R. Law</i>		ADDRESS <i>606 Madison Ave.</i>	

17520107246

CERTIFICATE OF DEATH

DATE OF DEATH

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>	
<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>	
<p>7. CAUSE OF DEATH</p>		<p>8. MANNER OF DEATH</p>	
<p>9. SIGNATURE OF PHYSICIAN</p>		<p>10. SIGNATURE OF REGISTRAR</p>	
<p>11. SIGNATURE OF WITNESSES</p>		<p>12. SIGNATURE OF DECEASED</p>	
<p>13. SIGNATURE OF FUNERAL HOME</p>		<p>14. SIGNATURE OF BURIAL SOCIETY</p>	
<p>15. SIGNATURE OF CHURCH</p>		<p>16. SIGNATURE OF CEMETERY</p>	
<p>17. SIGNATURE OF MINISTERS</p>		<p>18. SIGNATURE OF CLERGY</p>	
<p>19. SIGNATURE OF OTHERS</p>		<p>20. SIGNATURE OF OTHERS</p>	
<p>21. SIGNATURE OF OTHERS</p>		<p>22. SIGNATURE OF OTHERS</p>	
<p>23. SIGNATURE OF OTHERS</p>		<p>24. SIGNATURE OF OTHERS</p>	
<p>25. SIGNATURE OF OTHERS</p>		<p>26. SIGNATURE OF OTHERS</p>	
<p>27. SIGNATURE OF OTHERS</p>		<p>28. SIGNATURE OF OTHERS</p>	
<p>29. SIGNATURE OF OTHERS</p>		<p>30. SIGNATURE OF OTHERS</p>	
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<p>33. SIGNATURE OF OTHERS</p>		<p>34. SIGNATURE OF OTHERS</p>	
<p>35. SIGNATURE OF OTHERS</p>		<p>36. SIGNATURE OF OTHERS</p>	
<p>37. SIGNATURE OF OTHERS</p>		<p>38. SIGNATURE OF OTHERS</p>	
<p>39. SIGNATURE OF OTHERS</p>		<p>40. SIGNATURE OF OTHERS</p>	
<p>41. SIGNATURE OF OTHERS</p>		<p>42. SIGNATURE OF OTHERS</p>	
<p>43. SIGNATURE OF OTHERS</p>		<p>44. SIGNATURE OF OTHERS</p>	
<p>45. SIGNATURE OF OTHERS</p>		<p>46. SIGNATURE OF OTHERS</p>	
<p>47. SIGNATURE OF OTHERS</p>		<p>48. SIGNATURE OF OTHERS</p>	
<p>49. SIGNATURE OF OTHERS</p>		<p>50. SIGNATURE OF OTHERS</p>	
<p>51. SIGNATURE OF OTHERS</p>		<p>52. SIGNATURE OF OTHERS</p>	
<p>53. SIGNATURE OF OTHERS</p>		<p>54. SIGNATURE OF OTHERS</p>	
<p>55. SIGNATURE OF OTHERS</p>		<p>56. SIGNATURE OF OTHERS</p>	
<p>57. SIGNATURE OF OTHERS</p>		<p>58. SIGNATURE OF OTHERS</p>	
<p>59. SIGNATURE OF OTHERS</p>		<p>60. SIGNATURE OF OTHERS</p>	
<p>61. SIGNATURE OF OTHERS</p>		<p>62. SIGNATURE OF OTHERS</p>	
<p>63. SIGNATURE OF OTHERS</p>		<p>64. SIGNATURE OF OTHERS</p>	
<p>65. SIGNATURE OF OTHERS</p>		<p>66. SIGNATURE OF OTHERS</p>	
<p>67. SIGNATURE OF OTHERS</p>		<p>68. SIGNATURE OF OTHERS</p>	
<p>69. SIGNATURE OF OTHERS</p>		<p>70. SIGNATURE OF OTHERS</p>	
<p>71. SIGNATURE OF OTHERS</p>		<p>72. SIGNATURE OF OTHERS</p>	
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<p>75. SIGNATURE OF OTHERS</p>		<p>76. SIGNATURE OF OTHERS</p>	
<p>77. SIGNATURE OF OTHERS</p>		<p>78. SIGNATURE OF OTHERS</p>	
<p>79. SIGNATURE OF OTHERS</p>		<p>80. SIGNATURE OF OTHERS</p>	
<p>81. SIGNATURE OF OTHERS</p>		<p>82. SIGNATURE OF OTHERS</p>	
<p>83. SIGNATURE OF OTHERS</p>		<p>84. SIGNATURE OF OTHERS</p>	
<p>85. SIGNATURE OF OTHERS</p>		<p>86. SIGNATURE OF OTHERS</p>	
<p>87. SIGNATURE OF OTHERS</p>		<p>88. SIGNATURE OF OTHERS</p>	
<p>89. SIGNATURE OF OTHERS</p>		<p>90. SIGNATURE OF OTHERS</p>	
<p>91. SIGNATURE OF OTHERS</p>		<p>92. SIGNATURE OF OTHERS</p>	
<p>93. SIGNATURE OF OTHERS</p>		<p>94. SIGNATURE OF OTHERS</p>	
<p>95. SIGNATURE OF OTHERS</p>		<p>96. SIGNATURE OF OTHERS</p>	
<p>97. SIGNATURE OF OTHERS</p>		<p>98. SIGNATURE OF OTHERS</p>	
<p>99. SIGNATURE OF OTHERS</p>		<p>100. SIGNATURE OF OTHERS</p>	

8-29-52

52 7951

BALTIMORE CITY HEALTH DEPARTMENT

52 7951

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Marie M. ARMSTRONG</u>		2. DATE OF DEATH <u>8/26/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>FREDERICK</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>UNIVERSITY HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KEYMAR</u>	
C. Length of stay in Baltimore <u>13 weeks</u>		D. STREET ADDRESS (If rural, give location) <u>RFD #2</u> <u>6000</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>PA. 12-26-1916</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE (In years last birthday) <u>35</u>
11. BIRTHPLACE (State or foreign country) <u>PA. Manor</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>JAMES LORRIDGE</u>		14. MOTHER'S MAIDEN NAME <u>Mary Jane Hensinger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>James P. Armstrong, Keymar, Md. R.F.D.</u>		ADDRESS <u>Keymar, Md. R.F.D.</u>	
18. <u>156.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CARCINOMATOSIS</u> (A) DUE TO <u>Probable Hepatic or</u> (B) DUE TO <u>PANCREATIC CARCINOMA</u> (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <u>6/30/52</u>		19B. MAJOR FINDINGS OF OPERATION <u>LUMBAR SYMPLECTOMY</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 1, 1952</u> to <u>Aug. 26, 1952</u> , that I last saw the deceased alive on <u>Aug. 25, 1952</u> , and that death occurred at <u>4</u> m., from the causes and on the date stated above.			
23A. SIGNATURE <u>Michael J. Foley, M.D.</u>		23B. ADDRESS <u>Univ. Hosp.</u>	
23C. DATE SIGNED <u>8/26/52</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24D. LOCATION (City, town, or county) (State) <u>Hagerstown</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>AUG 26 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
25. FUNERAL DIRECTOR <u>Frederic W. Kruis</u>		ADDRESS <u>Hagerstown, Md.</u>	

107 5200070

530

52 7952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7952

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA VIRGINIA SMITH

2. DATE
OF
DEATH

AUG 24-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 623 N. ROBINSON

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARY LAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-08

D. STREET ADDRESS (If rural, give location)

3423 E. LOMBARD ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

FEB 19, 1874

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

WESTMINSTER MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES H. MC. QUAY

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

HARRY SMITH 315 NEW JERSEY AV
GLENBURNIE MD

18. 446X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CORONARY THROMBOSIS
DUE TO

2 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ARTERIO SCLEROSIS.
DUE TO
(C) CHR. INTERSTITIAL NEPHR

10 YRS

5 YRS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1952, to AUG 24, 1952, that I last saw the
deceased alive on Aug 24, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James F. Kavanagh MD

23B. ADDRESS

304 K E Federal St

23C. DATE SIGNED

Aug 26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

AUG 27-1952

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county) (State)

BROOKLYN MD

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ULLRICH FUNERAL HOME

ADDRESS 2006

ORLEANS

VS 150

MEDICAL CERTIFICATION

1945

MINISTRY OF HEALTH

CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Age

4. Date of birth

5. Place of birth

6. Date of death

7. Place of death

8. Cause of death

9. Signature of doctor

10. Signature of registrar

11. Signature of informant

12. Signature of witness

13. Signature of coroner

14. Signature of jury

15. Signature of magistrate

16. Signature of judge

17. Signature of clerk

18. Signature of secretary

19. Signature of treasurer

20. Signature of auditor

21. Signature of assessor

22. Signature of collector

23. Signature of inspector

24. Signature of surveyor

25. Signature of engineer

26. Signature of architect

27. Signature of painter

28. Signature of carpenter

29. Signature of mason

30. Signature of bricklayer

31. Signature of plumber

32. Signature of electrician

33. Signature of fitter

34. Signature of turner

35. Signature of cooper

36. Signature of blacksmith

37. Signature of farrier

38. Signature of saddler

39. Signature of harness maker

40. Signature of shoemaker

41. Signature of hatter

42. Signature of draper

43. Signature of tailor

44. Signature of milliner

45. Signature of dressmaker

5-

Rev. 44 22 - 3313

CERTIFICATE CORRECTED

8-29-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 7954**

52 7954

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles Martin Tawes			2. DATE OF DEATH Aug. 25-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3401 Walbrook Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-06 D. STREET ADDRESS (If rural, give location) 3401 Walbrook Ave.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		
C. Length of stay in Baltimore 47 Years Yrs. 48 Mos. 48 Days			8. DATE OF BIRTH March 17-1904 9. AGE (In years last birthday) 48 If Under 1 Year Months Days If Under 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wire Chief			10B. KIND OF BUSINESS OR INDUSTRY Telephone Co.		
11. BIRTHPLACE (State or foreign country) Crisfield Md.			12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME C. Preston Tawes			14. MOTHER'S MAIDEN NAME Sarah Martin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 212-05-0460		
17. INFORMANT Mrs. Thelma C. Tawes			ADDRESS 3401 Walbrook Ave.		

13. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Coronary thrombosis DUE TO (B) Cardiovascular disease DUE TO (C) Artery		INTERVAL BETWEEN ONSET AND DEATH 3 hrs 6 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

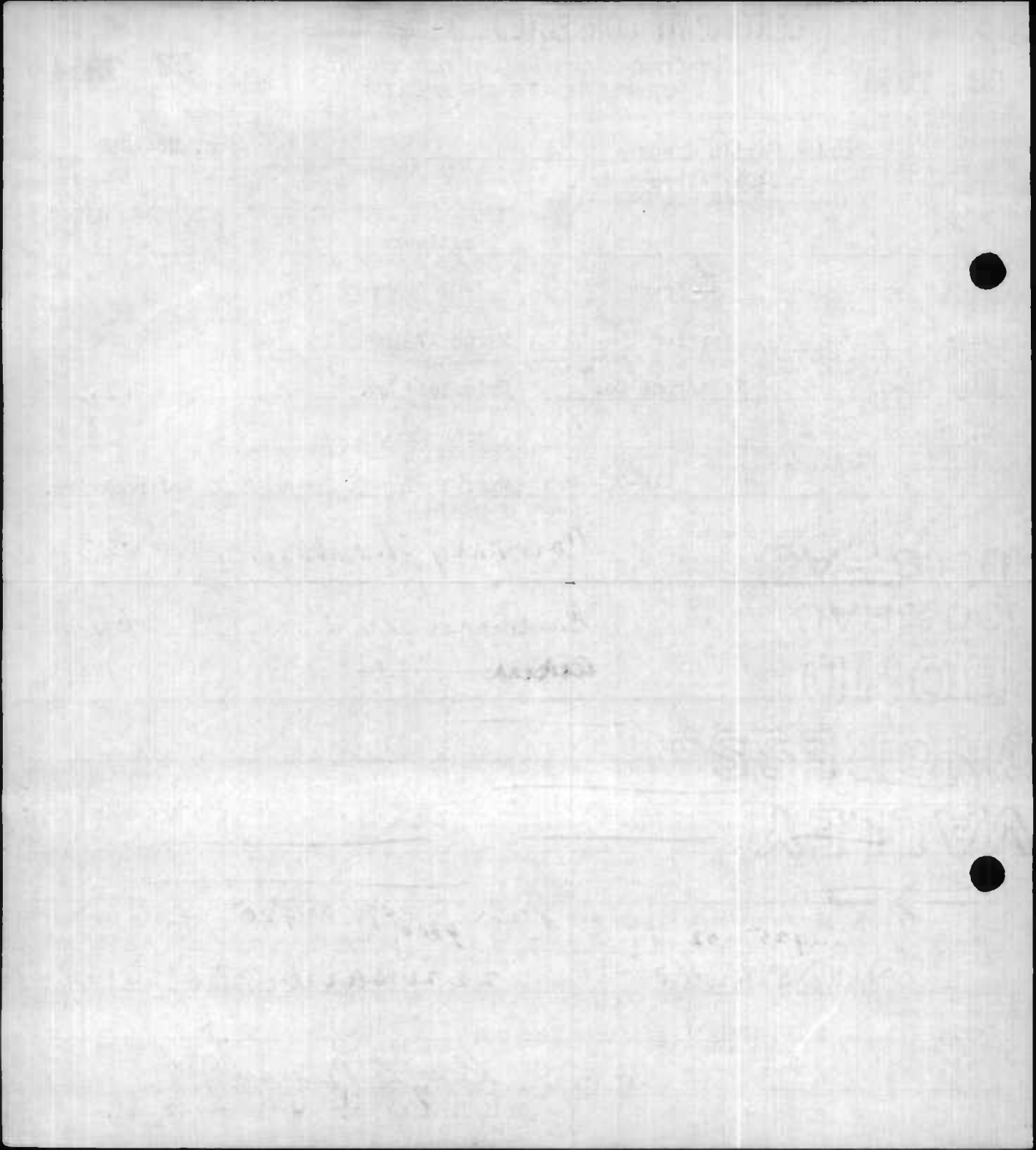
22. I hereby certify that I attended the deceased from **Jan 1947** to **Aug 25, 1952** that I last saw the deceased alive on **Aug 25, 1952** and that death occurred at **9:30 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Thelma C. Tawes** M.D. **2220 Harrison Blvd** 23B. ADDRESS **2220 Harrison Blvd** 23C. DATE SIGNED **Aug 26/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Aug. 28-1952** 24C. NAME OF CEMETERY OR CREMATORY **Woodlawn Cemetery** 24D. LOCATION (City, town, or county) **Woodlawn Md.**

DATE RECEIVED BY LOCAL REGISTRAR **AUG 26 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Geo. L. Beyer Jr.** ADDRESS

MEDICAL CERTIFICATION



624
52 7955 Ajh 162357BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7955

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Merkle		2. DATE OF DEATH 8-24-52	
3. PLACE OF DEATH: A. Baltimore City Hospitals B. Baltimore City, Maryland 4940 Eastern Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Unknown		D. STREET ADDRESS (If rural, give location) 128 N. Calhoun St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH July 14th. 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Building	9. AGE (in years last birthday) 65
13. FATHER'S NAME Joseph G. Merkle		11. BIRTHPLACE (State or foreign country) Baltimore Co. Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 218-10-1748A		14. MOTHER'S MAIDEN NAME Helen Metcalf	
17. INFORMANT Records: B C H 4940 Eastern Ave.		ADDRESS	
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 8-24-52 , 19 52 , to 8-24 , 19 52 , that I last saw the deceased alive on 8-24 , 19 52 , and that death occurred at 7:15 P. m., from the causes and on the date stated above.			
23A. SIGNATURE H. Crozer		23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED 8-25-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 27-1952	
24C. NAME OF CEMETERY OR CREMATORY Granite Presb. Cemetery		24D. LOCATION (City, town, or county) (State) Granite Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Geo. L. Benson Jr		ADDRESS 1512 Hollins St. Baltimore 23 Md.	

VS 150

19551004 1512 Hollins St. Baltimore 23 Md.

560

52 7956

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7956

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Canary Irony

2. DATE
OF
DEATH

Aug. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

9 yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 5-02

D. STREET ADDRESS (If rural, give location)

281 N. Euter St.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Estell Mississippi

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Howard

14. MOTHER'S MAIDEN NAME

Susie Simmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 684X and 214X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary embolism

inmed

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Broad ligament laceration, et.

11 days

(C) DUE TO

Postpartum hysterectomy

11 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-13-52

19B. MAJOR FINDINGS OF OPERATION

myoma of uterus

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg, etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 8/14, 1952 to 8/25, 1952 that I last saw the
deceased alive on 8/25, 1952, and that death occurred at 8:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Henry Busby

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

8/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-29-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Choy Wilson 1000 Brantly Ave

ADDRESS

VS 150

1 4 5 2 0 0 0 7 9 5 2

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased: *John Doe*
2. Date of death: *Jan 1, 1900*
3. Place of death: *New York City*

4. Age at death: *45*
5. Sex: *Male*
6. Race: *White*

7. Cause of death: *Heart Disease*
8. Duration of illness: *10 days*

9. Name of physician: *Dr. J. Smith*
10. Name of undertaker: *John Doe*

11. Name of funeral home: *John Doe*
12. Name of cemetery: *John Doe*

13. Name of church: *John Doe*
14. Name of minister: *John Doe*

15. Name of sexton: *John Doe*
16. Name of gravedigger: *John Doe*

17. Name of witness: *John Doe*
18. Name of witness: *John Doe*

19. Name of witness: *John Doe*
20. Name of witness: *John Doe*

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 7957
Registered No. _____

BIRTH NO. 52 7957

1. NAME OF DECEASED (Type or Print) <u>Alice Nowlin</u>		2. DATE OF DEATH <u>Aug 24, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Dist 3</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>15-48</u>	
D. STREET ADDRESS (If rural, give location) <u>3502 Clifton Ave.</u>			
E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			
5. SEX <u>Female</u>	6. COLOR, OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 15, 1887</u>
9. AGE (In years, last birthday) <u>70</u>		If Under 1 Year: Months: _____ Days: <u>8</u> Hours: <u>9</u> Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>2. Nowlin</u>		14. MOTHER'S MARDEN NAME <u>2.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u> ADDRESS _____	

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Cerebrovascular Accident - intracerebral bleeding anteriorly</u> DUE TO _____ (B) <u>Hypertensive, Cardiovascular Disease</u> DUE TO _____ (C) _____ CERTIFICATION APPROVED BY _____	INTERVAL BETWEEN ONSET AND DEATH <u>3d</u> <u>not known</u>
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19A. DATE OF OPERATION <u>8/24</u>	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>8/20</u> , 19 <u>52</u> , to <u>8/24</u> , 19 <u>52</u> that I last saw the deceased alive on <u>8/24</u> , 19 <u>52</u> , and that death occurred at <u>2:30 A.</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>Thomas M. Williams</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>8/25/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24B. DATE <u>Aug. 27-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>
24D. LOCATION (City, town, or county) <u>Eastern Blvd. Balt Md</u>		(State) _____
DATE RECEIVED BY LOCAL REGISTRAR <u>Aug 26 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>John S. Connelley</u> ADDRESS <u>Essex</u>

To be approved by Medical Examiner 7957

MEDICAL CERTIFICATION

1917

RECEIVED IN THE OFFICE OF THE
COMMISSIONER OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 7958

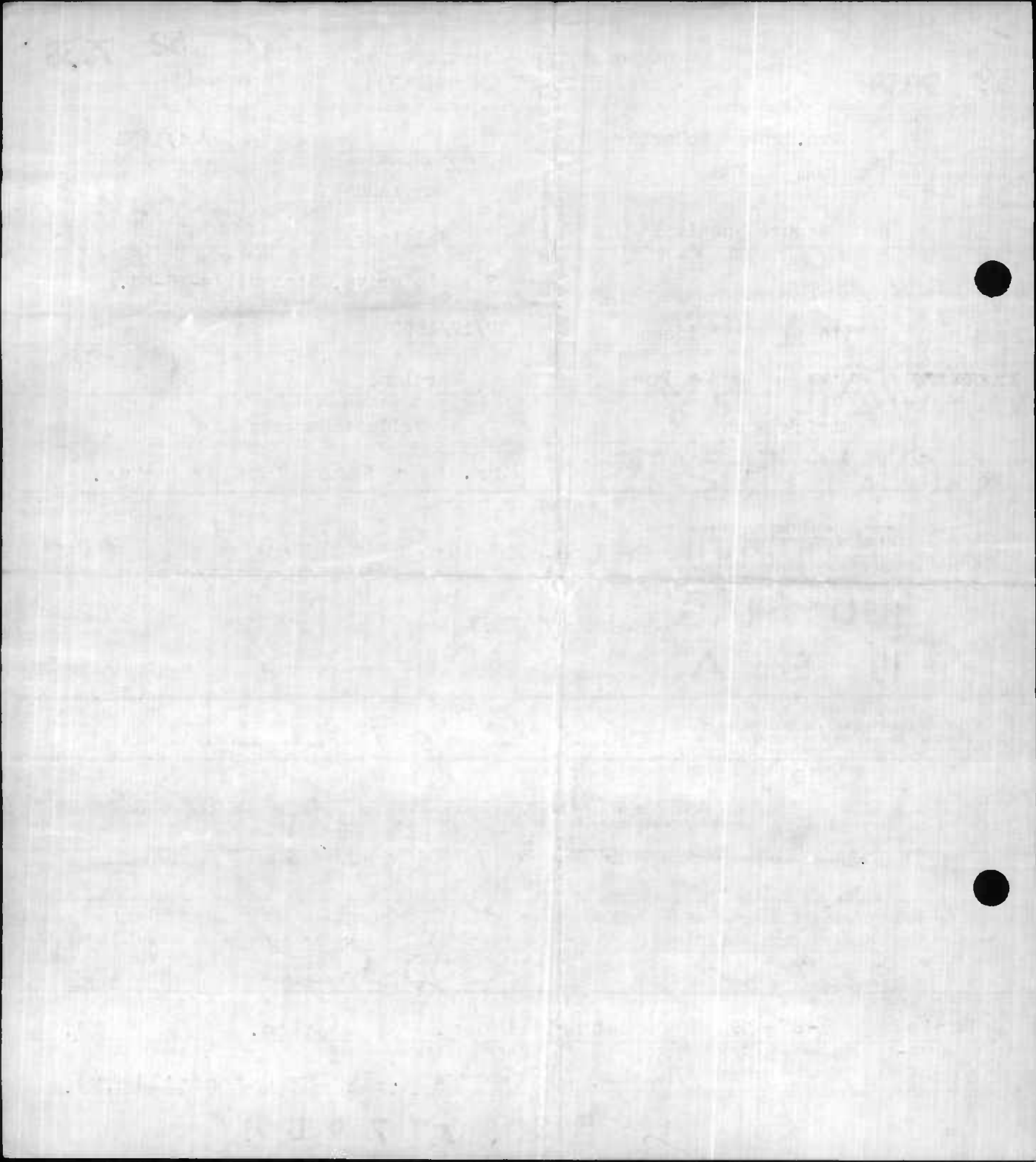
52 7958

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Agnes McCarthy			2. DATE OF DEATH 8/24/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland YES			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5352		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 7 Maple Drive, Catonsville-28-Md.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/17/1890	9. AGE (in years last birthday) 62	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10B. KIND OF BUSINESS OR INDUSTRY Medical		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Patrick Egan			12. CITIZEN OF WHAT COUNTRY?		
14. MOTHER'S MAIDEN NAME Bridget Dempsey			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Mary Fahey 7 Maple Drive.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Acute Myocardial Infarction DUE TO Coronary Artery Disease (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 4 Days 2 Months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Cholecystitis & Cholelithiasis		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 20, 1952, to Aug 22, 1952, that I last saw the deceased alive on Aug 22, 1952, and that death occurred at 6 A m., from the causes and on the date stated above.					
23A. SIGNATURE John E. Carroll Jr.		23B. ADDRESS Bon Secours Hospital		23C. DATE SIGNED Aug 22-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8-27-52		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto.		24E. LOCATION (City, town, or county) Md.		24F. LOCATION (City, town, or county) Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD.		25. FUNERAL DIRECTOR George A. Farley Catonsville, Md.	



-420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7959

Registered No. _____

52 7959
BIRTH NO. 52-12334

1. NAME OF DECEASED
(Type or Print) SANDRA CESAR F WELLS

2. DATE OF DEATH 8/24/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 4-02

C. Length of stay in Baltimore 4 mos.
Yrs. _____ Mos. _____ Days _____

D. STREET ADDRESS (If rural, give location)
722 W. LEXINGTON ST.

5. SEX F 6. COLOR OR RACE C 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____

8. DATE OF BIRTH APRIL 1952 9. AGE (In years last birthday) 4 If Under 1 Year Months _____ Days _____ If Under 24 Hours Hours _____ Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
INFANT

11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ERNEST CESAR J.C.

14. MOTHER'S MAIDEN NAME MILDRED WELLS N.C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. _____

17. INFORMANT MOTHER ADDRESS JAME ✓

18. 571.0 I 1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 4 days

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DIARRHEA & DEHYDRATION

(A) DIARRHEA & DEHYDRATION
DUE TO _____

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH NO 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) INJURY _____ 21E. INJURY OCCURRED _____ 21F. HOW DID INJURY OCCUR? _____
WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22. I hereby certify that I attended the deceased from 8/22, 1952, to 8/24, 1952, that I last saw the deceased alive on 8/24, 1952, and that death occurred at 11:27 a.m., from the causes and on the date stated above.

23A. SIGNATURE Raymond L. Oremont M. D. 23B. ADDRESS University Hospital 23C. DATE SIGNED 8/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24B. DATE 8/27/52 24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM 24D. LOCATION (City, town, or county) (State) BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR AUG 26 1952 REGISTRAR'S SIGNATURE Huntington Williams, MD 25. FUNERAL DIRECTOR WILLIAM A JACKSON ADDRESS 916 PENNA. AVE

5 7 9 5 9

620

52 7960

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 7960

Registered No.

1. NAME OF DECEASED (Type or Print)

Garland Kersey

2. DATE OF DEATH

8-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY 25-32

B. FULL NAME OF HOSPITAL OR INSTITUTION

2820 Bookert Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore (Cherry Hill)

C. Length of stay in Baltimore

30 years.

D. STREET ADDRESS (If rural, give location)

2820 Bookert Drive

5. SEX

Male

6. COLOR OR RACE

negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan 16 1898

9. AGE (In years last birthday)

54

If Under 1 Year

Months 7

Days 6

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer, R.K.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Apex, N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Kersey

14. MOTHER'S MAIDEN NAME

Annie Thropo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

yes

16. SOCIAL SECURITY NO.

8-26-42 2nd March 12/42 7-09-588

17. INFORMANT

Betty O. Kersey

ADDRESS 1614

18. 420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Heart Disease

DUE TO

2 years.

(C)

19. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to August 1951, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 9:05 AM, from the causes and on the date stated above.

23A. SIGNATURE

James L. Luck

M.D.

23B. ADDRESS

427 Swale Ave. Balto 25th

23C. DATE SIGNED

8-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

8/28/1952

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

AUG 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. R. Williams Schroeder

ADDRESS 322 N

VS 150

952 870 507 956

MEDICAL CERTIFICATION

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1

2

3

4

5

THE FOLLOWING IS A SUMMARY OF THE RESULTS OF THE
ANALYSIS OF THE SAMPLES OF THE
PLANT INDUSTRY OF THE
UNITED STATES OF AMERICA
FOR THE YEAR 1911

THE FOLLOWING IS A SUMMARY OF THE RESULTS OF THE
ANALYSIS OF THE SAMPLES OF THE
PLANT INDUSTRY OF THE
UNITED STATES OF AMERICA
FOR THE YEAR 1911

THE FOLLOWING IS A SUMMARY OF THE RESULTS OF THE
ANALYSIS OF THE SAMPLES OF THE
PLANT INDUSTRY OF THE
UNITED STATES OF AMERICA
FOR THE YEAR 1911

6

7

CERTIFICATE CORRECTED 9/9/52 R3
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7961

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM HUGHES		2. DATE OF DEATH 8-25-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balt.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 17-01	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 649 W. Franklin St.	
5. SEX Male	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab worker		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Balt to Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward Hughes		14. MOTHER'S MAIDEN NAME FANNIE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Elizabeth Hughes 649 W. Franklin	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Irreversible acidosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UREMIA DUE TO Hypertensive C.V.D. with nephrosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-22 , 19 52 to 8-25 , 19 52 that I last saw the deceased alive on 8-25 , 19 52 and that death occurred at 2:30 A. M., from the causes and on the date stated above.			
23A. SIGNATURE Ans. W. Loofer, Jr. M.D.		23B. ADDRESS Univ. Hosp. Balt. Md.	
23C. DATE SIGNED 8-25-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 8/29/1952	
24C. NAME OF CEMETERY OR CREMATORY St. John Cem		24D. LOCATION (City, town, or county) (State) Lansdowne Md	
DATE RECEIVED BY LOCAL REGISTRAR AUG 26 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR W. J. Williams		ADDRESS 9. Ashmont St	

VS 150

1 9 5 2 970 99 7 0 5

MEDICAL CERTIFICATION

See Document File 52-7961
9/9/52 ES

450
52 7962BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7962

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARDENA

HEWLIN

2. DATE
OF
DEATH August 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1626 E. Eager Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/23/1906

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Georgetown Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Cooper

14. MOTHER'S MAIDEN NAME

Mary Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Claude Hewlin

ADDRESS 1626 E.
Eager St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Williams

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

23C. DATE SIGNED

8/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/27/1952

24C. NAME OF CEMETERY OR CREMATORY

Georgetown

24D. LOCATION (City, town, or county)

Georgetown Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

AUG 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

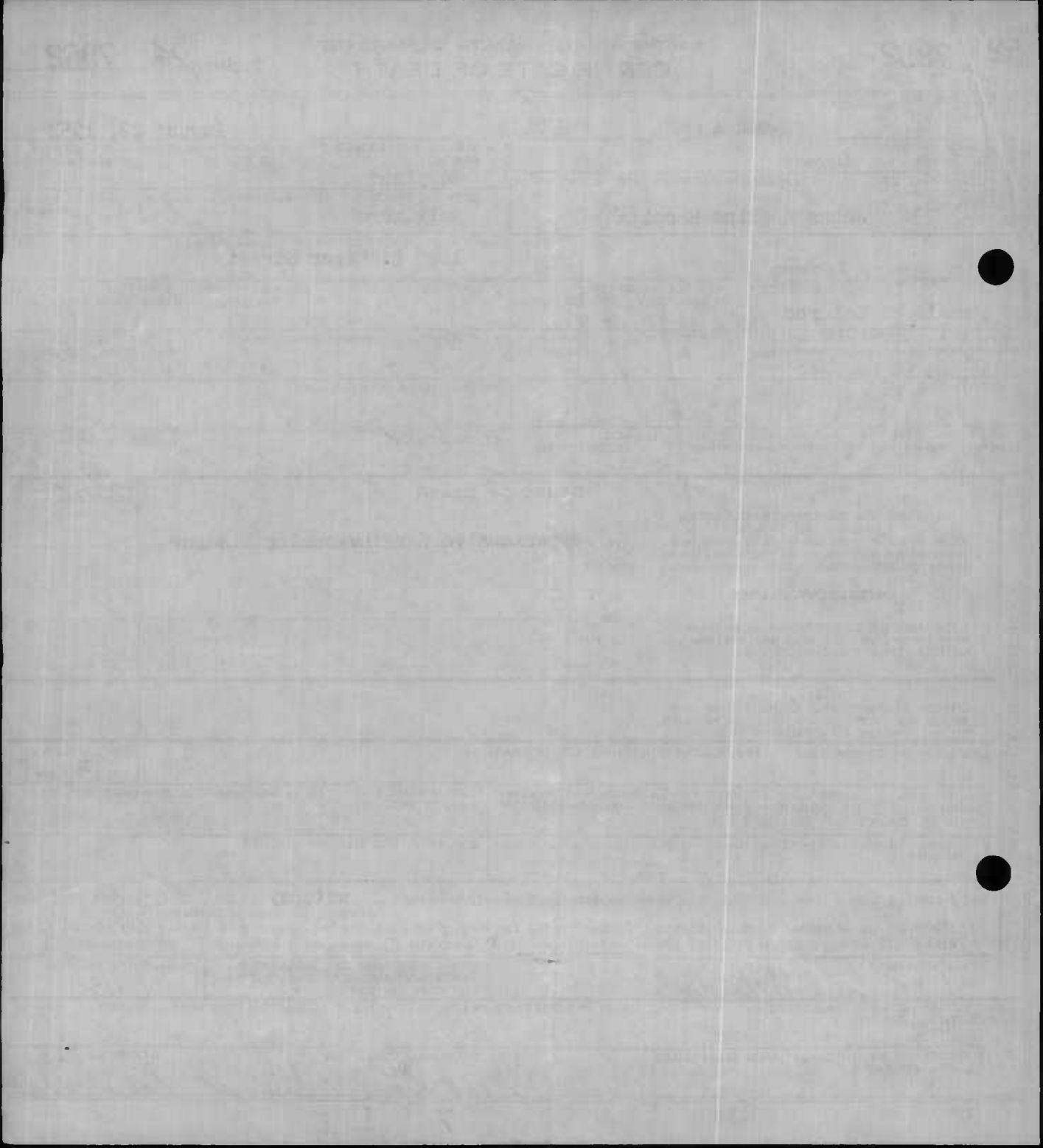
Mrs. Katie R. Williams

ADDRESS 322 E.

Schueller St.

VS 151

1045207058



52 7963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7963

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD JOHNSON

2. DATE
OF
DEATH

August 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 6, 1896

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

P. R. R.

11. BIRTHPLACE (State or foreign country)

Fair Haven Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Johnson Sr.

14. MOTHER'S MAIDEN NAME

Anne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mazie Johnson 721 N. Mount St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Hemorrhage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
August 23, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

5-978500 7 0 5 9

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7964

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilhelmina Gross.

2. DATE
OF
DEATH

Aug 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3909. Woodlea Ave

80 Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

3909. Woodlea Ave

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

APRIL 30, 1871

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

own. Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Godfried Steiner

14. MOTHER'S MAIDEN NAME

Caroline Schneider

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. C. A. Ellenberger, 3909 Woodlea Ave

18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

About
3 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Old Age

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 2, 1952, to August 24, 1952, that I last saw the
deceased alive on Aug. 22, 1952, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

516 Cathedral St.

8/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 26 1952

Huntington Williams, W. Lassalle Funeral Home 7401 Balair Rd

AUG 26 1952

19520207960

Dr Ernest G. Mayr
516 Cathedral St.

120

AB-161989 52 7965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7965

Registered No.

BIRTH NO. 52-18812

1. NAME OF DECEASED
(Type or Print)

Baby Girl Savage

2. DATE
OF
DEATH

August 13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

524 S. Paca St. zone 20

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 12-1952

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days

1

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arthur Fuller

14. MOTHER'S MAIDEN NAME

Vassie Savage

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

life

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12-1952 to 8-13-1952, that I last saw the
deceased alive on 8-13-1952, and that death occurred at 1AM m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4940 Eastern Ave., Baltimore, Md. 8-15-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremated

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

August 15-52 Baltimore City Hospitals 4940 Eastern Ave., Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 27 1952

Huntington Williams, M.D.

1952

1953

CHARTERED BY THE STATE

1954

1955

1956

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626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7956

Registered No.

52 7956

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FANNIE MERKER

2. DATE
OF
DEATH

8-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4027 Fairfax Road Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4027 Fairfax Road

C. Length of stay in Baltimore

40

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Esther Rosenstern

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Oscar Merker - 4640 Belair Rd

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral vascular

DUE TO

accident (hemorrhage)

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive disease

DUE TO

Diabetes mellitus

2 yrs

(C)

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Apr 4, 1948 to 8-26, 1952, that I last saw the
deceased alive on 8-26, 1952, and that death occurred at 4:13 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Irvin S. S. S.

23B. ADDRESS

3003 Junction Rd

23C. DATE SIGNED

8-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-27-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Jack Lewis Inc 2100 Canton Pl

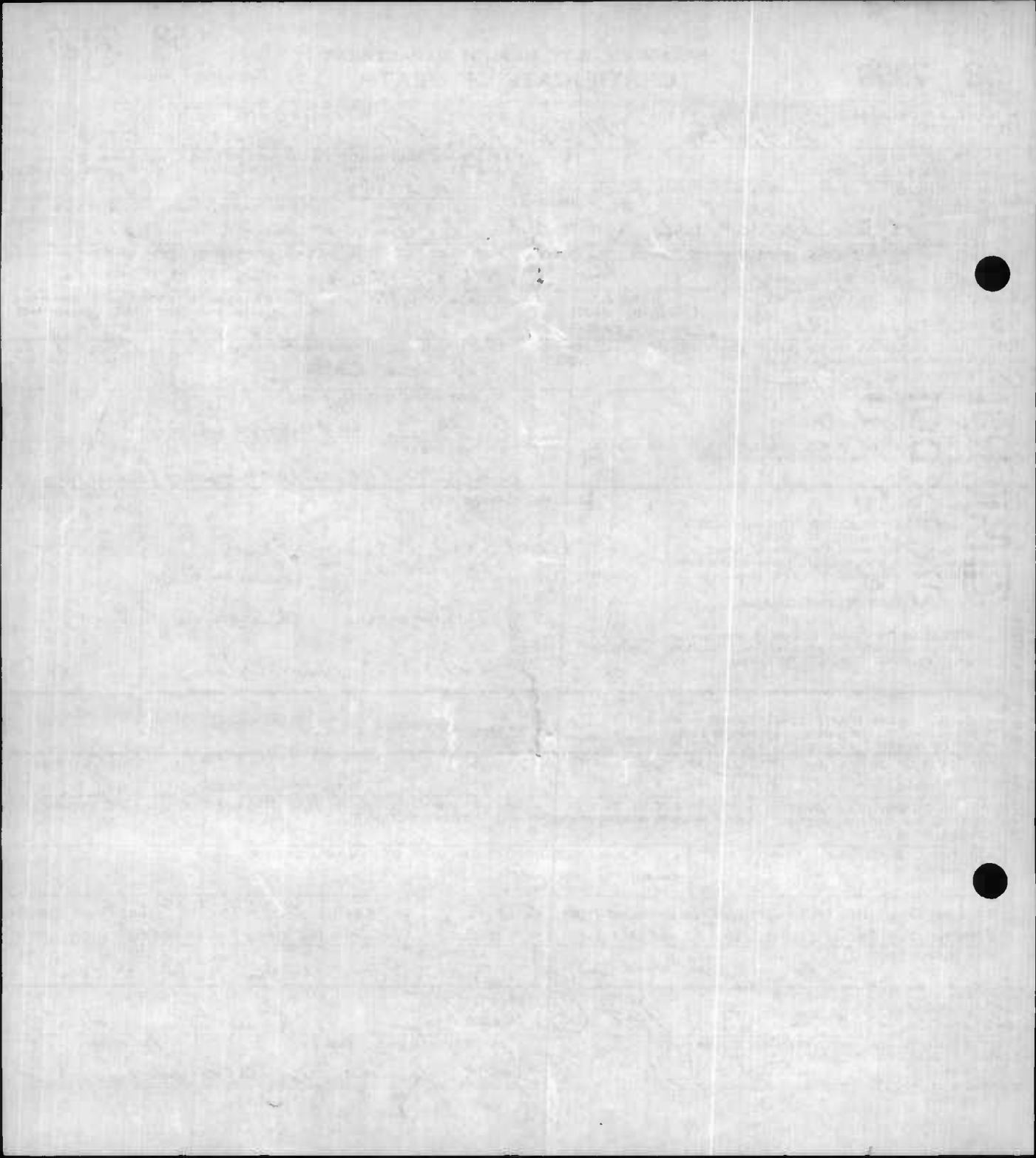
ADDRESS

AUG 27 1952

VS 150

18520007902

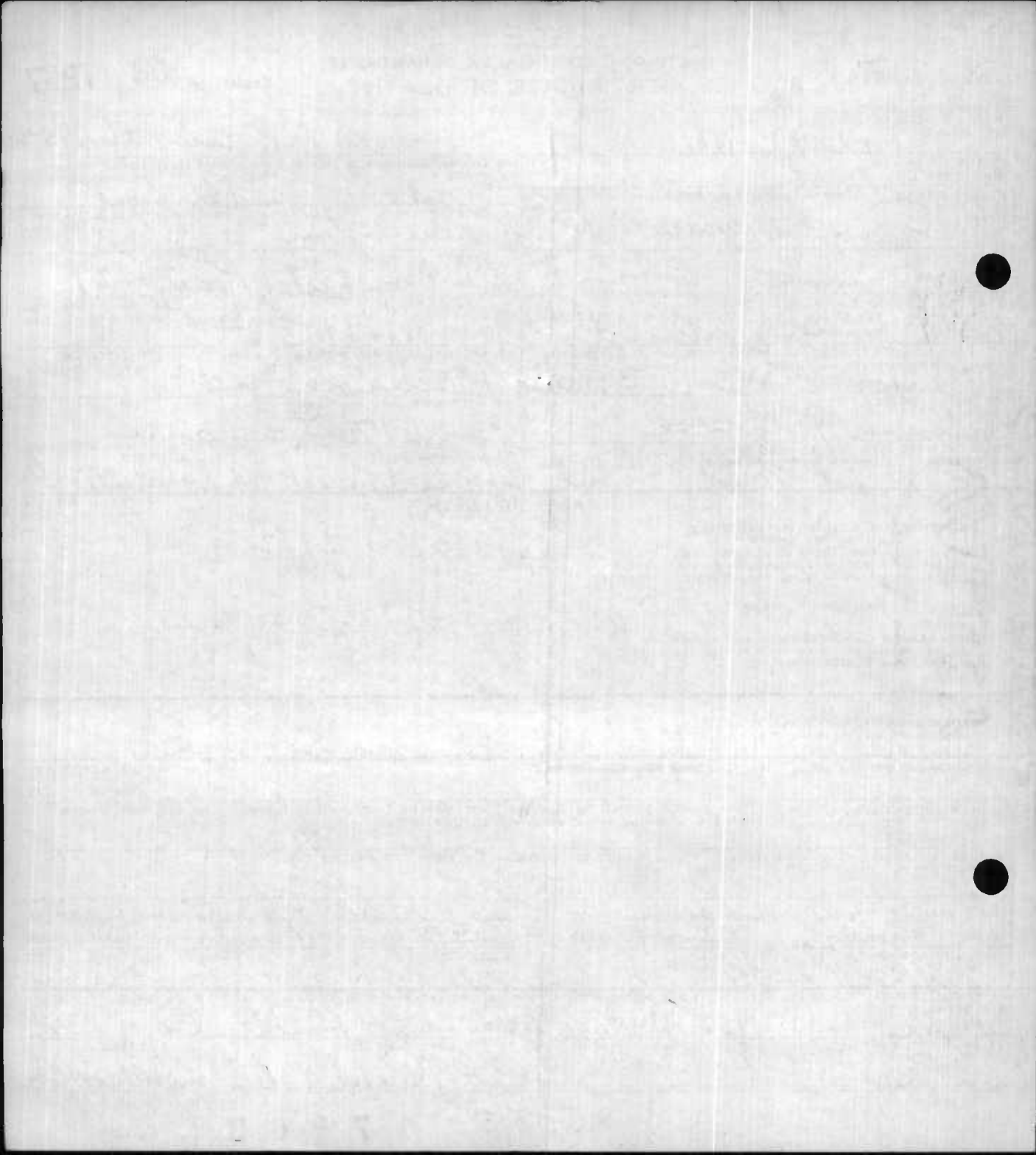
MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 7957**

1. NAME OF DECEASED (Type or Print) Frederick Kniese		2. DATE OF DEATH Aug 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospo		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kensington	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 814 Dorchester Road - 29	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 8, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10B. KIND OF BUSINESS OR INDUSTRY Plumbing/Heating	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William J. Kniese		14. MOTHER'S MAIDEN NAME Henrietta Lohmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes	(If yes, give war or dates of service) 1st World	16. SOCIAL SECURITY NO. none	17. INFORMANT Virgie J. Kniese
18. 420.1		ADDRESS 814 Dorchester Rd	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO ANTECEDENT CAUSES (B) Coronary thrombosis DUE TO (C) Cerebrovascular accident			INTERVAL BETWEEN ONSET AND DEATH
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/25, 1952 to 8/26, 1952 , that I last saw the deceased alive on 8/26, 1952 and that death occurred at 12:30 a.m., from the causes and on the date stated above.			
23A. SIGNATURE R. L. Lohman		23B. ADDRESS Franklin Square Hospo	23C. DATE SIGNED 8/26/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug 29-1952	24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial	24D. LOCATION (City, town, or county) (State) Balto Co. Md
DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR John P. Geufel	
		ADDRESS 5311 Edmondson Ave	



526
262

52 7958
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7958

1. NAME OF DECEASED (Type or Print) Frank Goncharowsky (Gasiorowski)		2. DATE OF DEATH Aug. 25/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1101 W. PRATT ST		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-01	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1518 Eastern Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith Helper		10B. KIND OF BUSINESS OR INDUSTRY B.O. RR	9. AGE (In years last birthday) 64
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Gasiorowski		14. MOTHER'S MAIDEN NAME Unk.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 705039425	17. INFORMANT Mrs. Eastis
		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion	CAUSE OF DEATH Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH One-half hour
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None that are known		

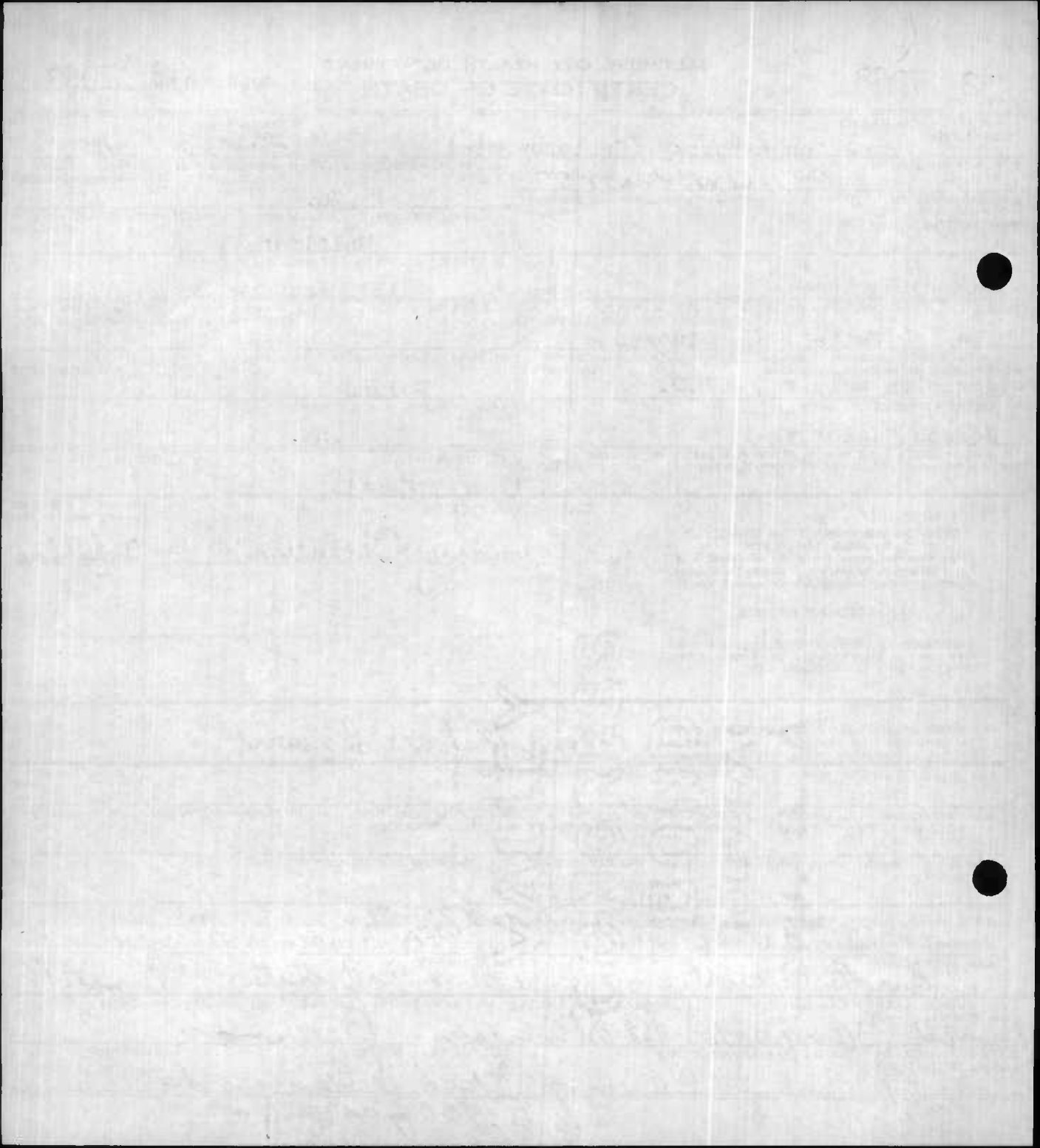
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **August 25, 1952** to _____, 19____, that I last saw the deceased alive on **August 25, 1952**, and that death occurred at **10:55 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE Arthur B. Evans	23B. ADDRESS 1101 W. Pratt Street	23C. DATE SIGNED August 27, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Aug. 29/52	24C. NAME OF CEMETERY OR CREMATORY St Stanislaus
24D. LOCATION (City, town, or county) Baltimore	25. FUNERAL DIRECTOR Huntington Williams, Mr. Fred W. Ozarewski	ADDRESS

VS 150
1952 69050 1930 Eastern Ave

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7969
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Reistad

2. DATE
OF
DEATH

8-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto., Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

506 S. Curley Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN

Balto., Md.

D. STREET ADDRESS (If rural, give location)

506 S. Curley Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-24-79

9. AGE (in years
last birthday)

73

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Sweden

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna Elsie Reistad

INTERVAL BETWEEN
ONSET AND DEATH1B. 420.1 and 002X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Heart failure

DUE TO

1 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary thrombosis

DUE TO

1 yr

(C) Coronary arteriosclerosis

5 yrs +

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Pulmonary fibrosis extensive
due to pulmonary tuberculosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to August 24, 1952, that I last saw the
deceased alive on August 23, 1952, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Tellman

M. D.

23B. ADDRESS

3035 St. Paul St

23C. DATE SIGNED

Aug 25, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8-27-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler, Inc.

403 S. Wolfe Street

AUG 27 1952

1952 8/24 7 065

310 Pm.

52 7970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7970
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MEREDITH M. QUICK		2. DATE OF DEATH Aug. 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 413 Croydon Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-12	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 413 Croydon Road	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Spet 9, 1901
9. AGE (In years last birthday) 50		10. Under 1 Year Months: Days 11. Under 24 hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) chef		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-10-6368	
17. INFORMANT Mrs. Dorothy C. Quick, 413 Croydon		ADDRESS	
18. 163 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of lung (b/l) DUE TO (A) 1 YR. ANTECEDENT CAUSES (B) 1 YR. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 1 YR.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 8/28/52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 5, 1952 to Aug 26, 1952 that I last saw the deceased alive on Aug 25, 1952 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Lloyd E. Saylor		23B. ADDRESS 3902 Greenmount	
23C. DATE SIGNED Aug 26, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/28/52	24C. NAME OF CEMETERY OR CREMATORY St. Stephens Cems	24D. LOCATION (City, town, or county) (State) Bradshaw Maryland
DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road	

VS 150

5 254617 7 9 6 6

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH
SARATOGA CITY HEALTH DEPARTMENT, N.Y.

Dr. Saylor
3902 Greenmount A.C.

52 7971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7971
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER F. LAMLEY

2. DATE
OF
DEATH

Aug. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2114 Lake Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

July 24, 1891

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

clerk P.R.R.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Lamley

14. MOTHER'S MAIDEN NAME

Eleanor Erdman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

717-07-6201

17. INFORMANT

ADDRESS

Mrs. Elsie G. Lamley, 2114 Lake Av

18. 200.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

malignant lymphoma
(diffuse)

10 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April, 1952

19B. MAJOR FINDINGS OF OPERATION

malignant lymphoma (mid-thigh
amp. of right leg)

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Aug 26, 1952, that I last saw the
deceased alive on Aug 26, 1952, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George Sawyer

M. D.

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

8/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/29/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

359050.0007907

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Dr. Sawyer

52 7972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7972

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret E. Geier

2. DATE
OF
DEATH

August 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2708 White Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 13, 1906

9. AGE (in years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of cervix

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1952, to Aug. 26, 1952, that I last saw the
deceased alive on Aug. 26, 1952, and that death occurred at 1:20 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

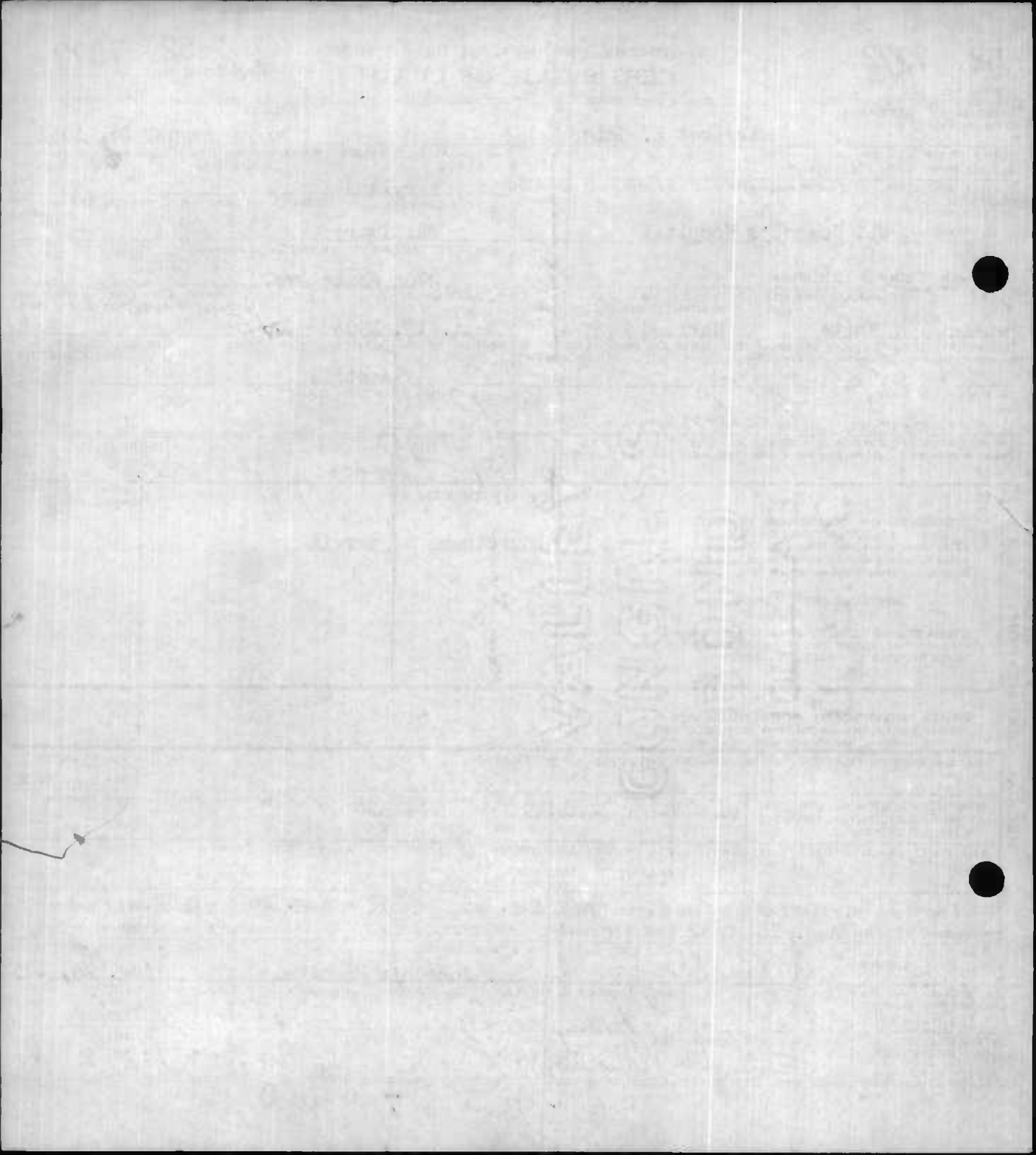
25. FUNERAL DIRECTOR

ADDRESS

AUG 27 1952
VS 150

Huntington Williams, M.D.

J. Kuck 5305 Starford



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7973
Registered No. _____

52 7973
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Niles Emory Fields			2. DATE OF DEATH August 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1317 Weldon Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-08		
C. Length of stay in Baltimore 45 years			D. STREET ADDRESS (If rural, give location) 1317 Weldon Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1893		9. AGE (In years last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Operators Heat	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME William Fields			14. MOTHER'S MAIDEN NAME Sallie Pearce		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-01-1900	17. INFORMANT ADDRESS Mrs. Gertrude I. Fields 1317 Weldon Ave.		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Coronary Occlusion		1 day	
(B) DUE TO		Coronary Ht Disease		2 years	
(C) DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 7**, 19 **52**, to **Aug 25**, 19 **52**, that I last saw the deceased alive on **Aug 25**, 19 **52**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Leonard Wallenstein M. D.		23B. ADDRESS 848 W 36th St		23C. DATE SIGNED Aug 26/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 28, 1952		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
		24D. LOCATION (City, town, or county) (State) Pikesville, Maryland			

DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road	
--	--	--	--	--	--

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL RECORDS
ALBANY, N. Y.

NAME

DATE OF BIRTH

SEX

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

EDUCATION

CAUSE OF DEATH

RELIGION

DATE OF BURIAL

DATE OF INTERMENT

PLACE OF BURIAL

DATE OF CREMATION

PLACE OF CREMATION

DATE OF EXHUMATION

PLACE OF EXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF RECREMATION

PLACE OF RECREMATION

DATE OF REEXHUMATION

PLACE OF REEXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF RECREMATION

PLACE OF RECREMATION

DATE OF REEXHUMATION

PLACE OF REEXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF RECREMATION

PLACE OF RECREMATION

DATE OF REEXHUMATION

PLACE OF REEXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF RECREMATION

PLACE OF RECREMATION

DATE OF REEXHUMATION

PLACE OF REEXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF RECREMATION

PLACE OF RECREMATION

600
52 7974BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7974
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPHINE SERIO		2. DATE OF DEATH August 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Paul Convalescent Home 2305 St. Paul Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 44 yrs		D. STREET ADDRESS (If rural, give location) 2106 Cambridge Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 28, 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 64
13. FATHER'S NAME ? Mesi		11. BIRTHPLACE (State or foreign country) Italy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? Italy	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Daniel J. Serio, 6721 Brentwood Avenue		ADDRESS	

18. 422.2 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Recompensated Heart disease	CAUSE OF DEATH (A) Recompensated Heart disease DUE TO (B) (C)	INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from Jan, 1952, to Aug 25, 1952, that I last saw the deceased alive on Aug 24, 1952, and that death occurred at 9:04 a.m., from the causes and on the date stated above.

23A. SIGNATURE E. Ellsworth Cook	23B. ADDRESS 3431 Maryland Ave	23C. DATE SIGNED 8-26-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/28/52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR Aug 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE	ADDRESS Charles W. Sadowski
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AUG 27 1952

19520007270

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/54

SUBJECT: [Illegible]

TO: [Illegible]

FROM: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

M-416

52 7976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7976

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Lewis MulFord.

2. OATE
OF
DEATH

8-26-52

3. PLACE OF DEATH: UNION MEMORIAL Hospital
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

C. Length of stay in Baltimore

abt 20

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR or RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED.

8. DATE OF BIRTH

January 10, 1901

9. AGE (in years
last birthday)

51

II Under 1 Year
Months: DaysII Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Auto Insur

11. BIRTHPLACE (State or foreign country)

West Point
New Jersey VIRGINIA12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph L. MulFord. Sr

14. MOTHER'S MAIDEN NAME

FANNY (McKIN?) CAVAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

No

16. SOCIAL
SECURITY NO.

050-09-0961

17. INFORMANT

MRS. Esther MulFord (Wife)

ADDRESS SAME

18. E 900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebr. Vascular hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.DUE TO Fractures: 1) Right acromion
2) Right ribs 3, 4, 5, 6, 7
(B) Right Peritoneal hemorrhage
DUE TO Rupture of the liver
(C) Generalized ArteriosclerosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

8-25-52

19B. MAJOR FINDINGS OF OPERATION

CRANIOTOMY → acute hygroma

CHIEF OR ASST. MEDICAL EXAMINER

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)

2746 Maryland Av, Baltimore.

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

Aug 23, 1952

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

FELL DOWNSTAIRS

22. I hereby certify that I attended the deceased from 8-24-1952 to 8-26-1952, that I last saw the
deceased alive on 8-24-1952, and that death occurred at 1320 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Jesse P. Hubbard

M. O.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

Aug 26, 1952

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. OATE

Aug 28-52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore-Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 27 1952

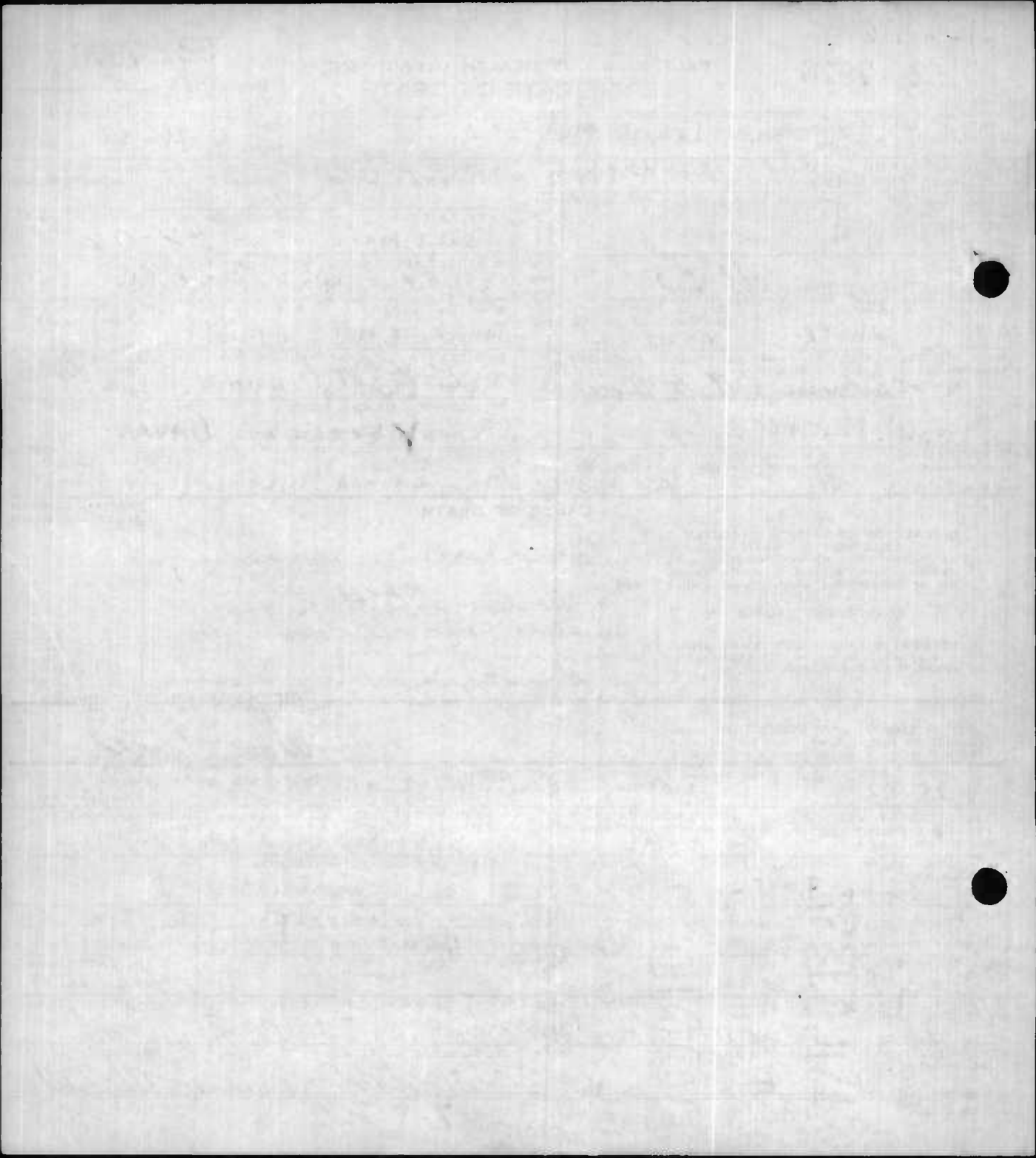
Huntington Williams, M.D.

Seiwach-Moore, M.D. - Balto Md.

N 807.2

49063

MEDICAL CERTIFICATION



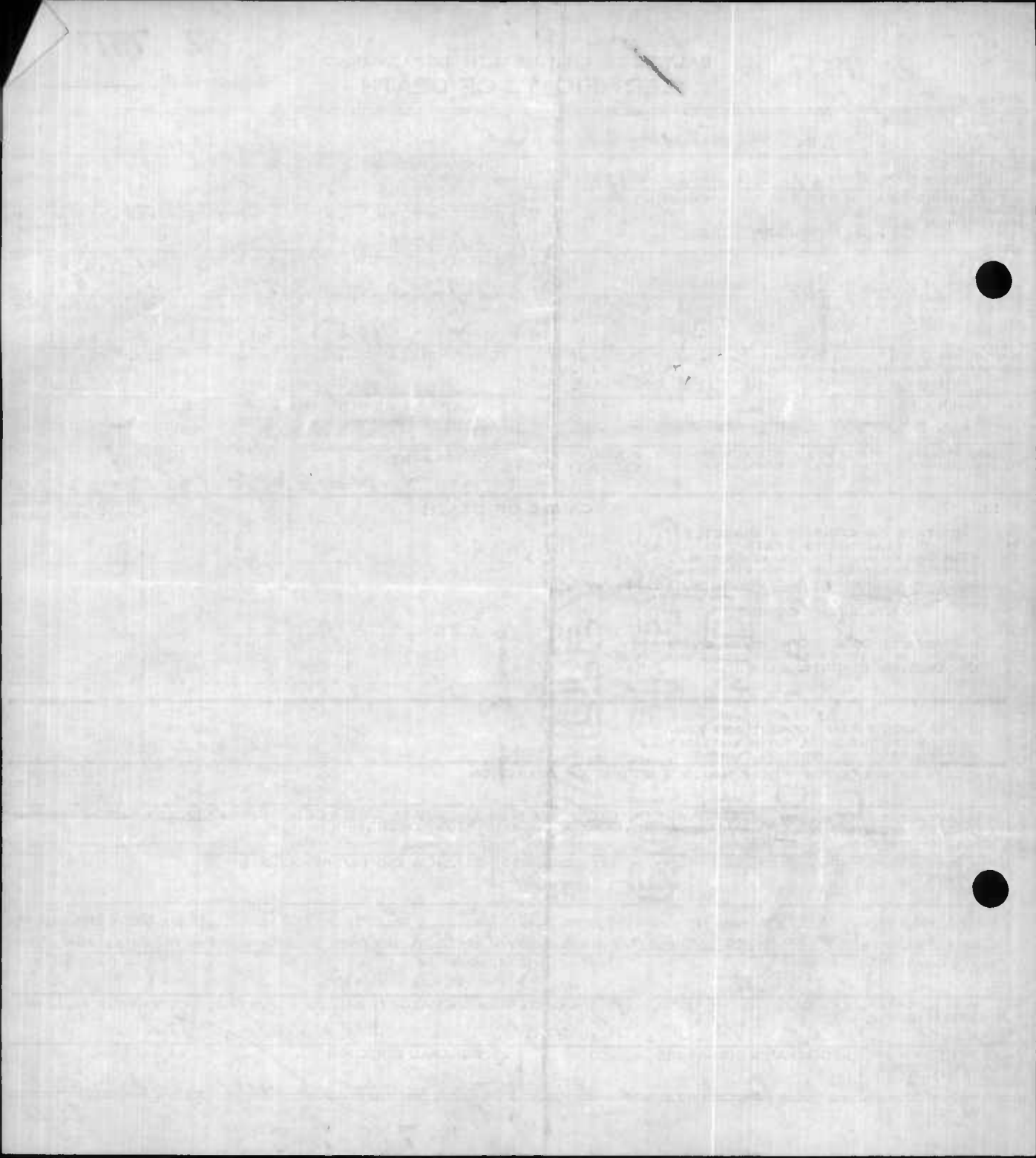
2H. 610
52 7977

52 7977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) Mrs. Reiva Harvey		2. DATE OF DEATH 8-26-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 47 Years		D. STREET ADDRESS (If rural, give location) 3713 Colborne Rd. 16-08			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-6-1905	9. AGE (In years last birthday) 47	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Willis Dowell			14. MOTHER'S MAIDEN NAME Ella Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT Wm. H. Harvey	
18. 432X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		CAUSE OF DEATH (A) Uremia DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute Pericarditis		(B) Acute Pericarditis DUE TO _____		_____	
(C) _____		_____		_____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____ m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Aug. 15 , 19 52 , to Aug. 26 , 19 52 , that I last saw the deceased alive on Aug. 26 , 19 52 , and that death occurred at 10: A m., from the causes and on the date stated above.					
23A. SIGNATURE Miller		23B. ADDRESS St. Agnes Hosp		23C. DATE SIGNED 8-26-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Aug. 30/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24D. LOCATION (City, town, or county) Balto. Md.		24E. LOCATION (State) Md.		24F. LOCATION (City, town, or county) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR UG 27 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Harry F. Hutzke	
ADDRESS 4101 Edmondson Ave		ADDRESS 4101 Edmondson Ave		ADDRESS 4101 Edmondson Ave	



CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAWRENCE JACKSON

2. DATE
OF
DEATH

August 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

707 Light Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

MARCH 20, 1951

9. AGE (In years
last birthday)

1 1/2 yr.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

PAUL S. JACKSON

14. MOTHER'S MAIDEN NAME

MURIEL MULLEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

PAUL S. JACKSON

ADDRESS

SAME

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Confluent bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thercon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

August 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

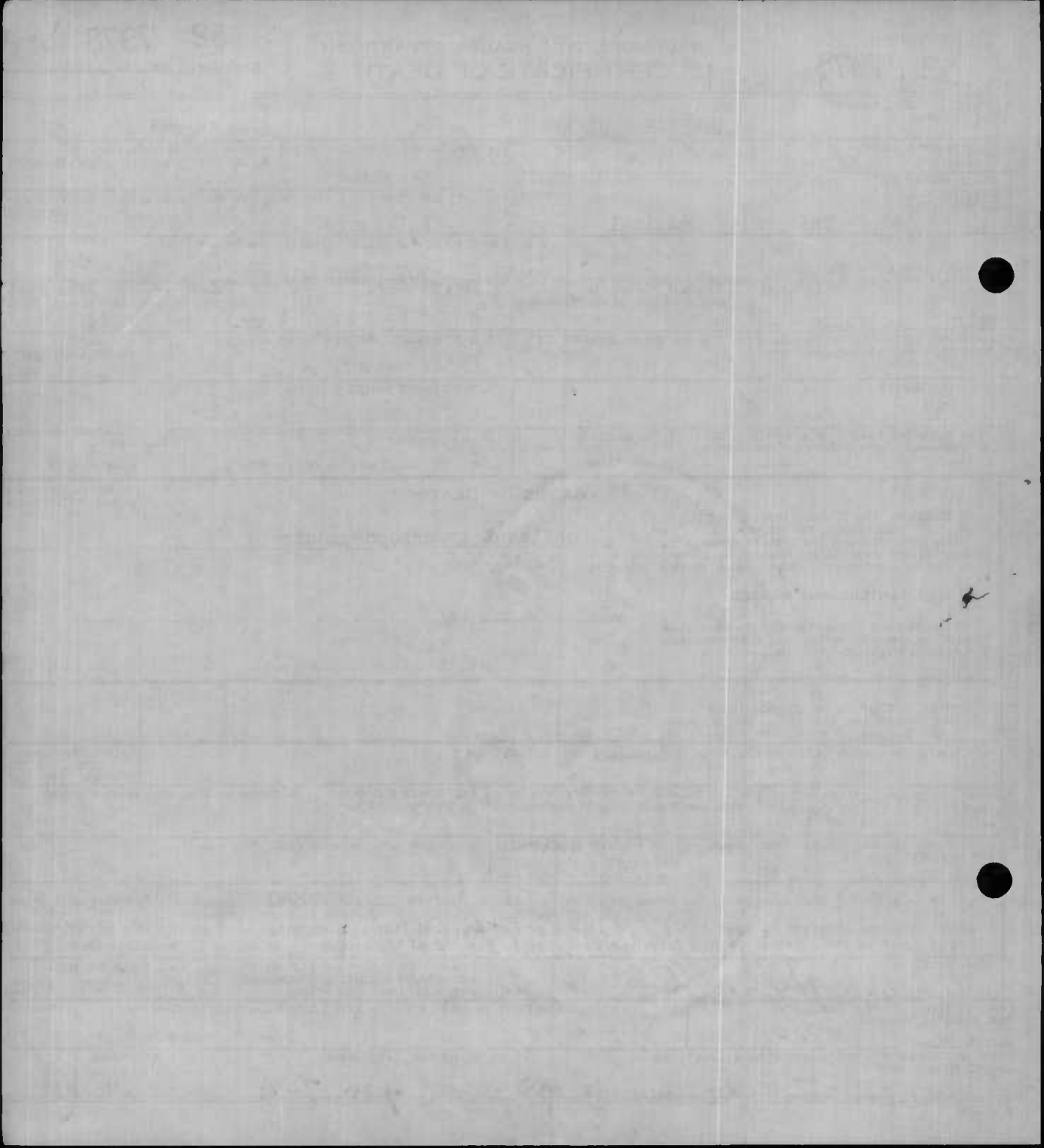
ADDRESS

AUG 27 1952

Huntington Williams, MD.

JOHN F. PENNY, INC.

710 LIGHT ST.
BALTO, 30 MD



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7979
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN EDWARDS			2. DATE OF DEATH August 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1326 N. Calhoun Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1326 N. Calhoun St.			E. AGE (In years last birthday) 45 F. Under 1 Year Months: Days G. Under 24 hours Hours: Min.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1907		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) S. C.	
13. FATHER'S NAME ?			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Lottie Edwards 1326 N. Calhouns St.	

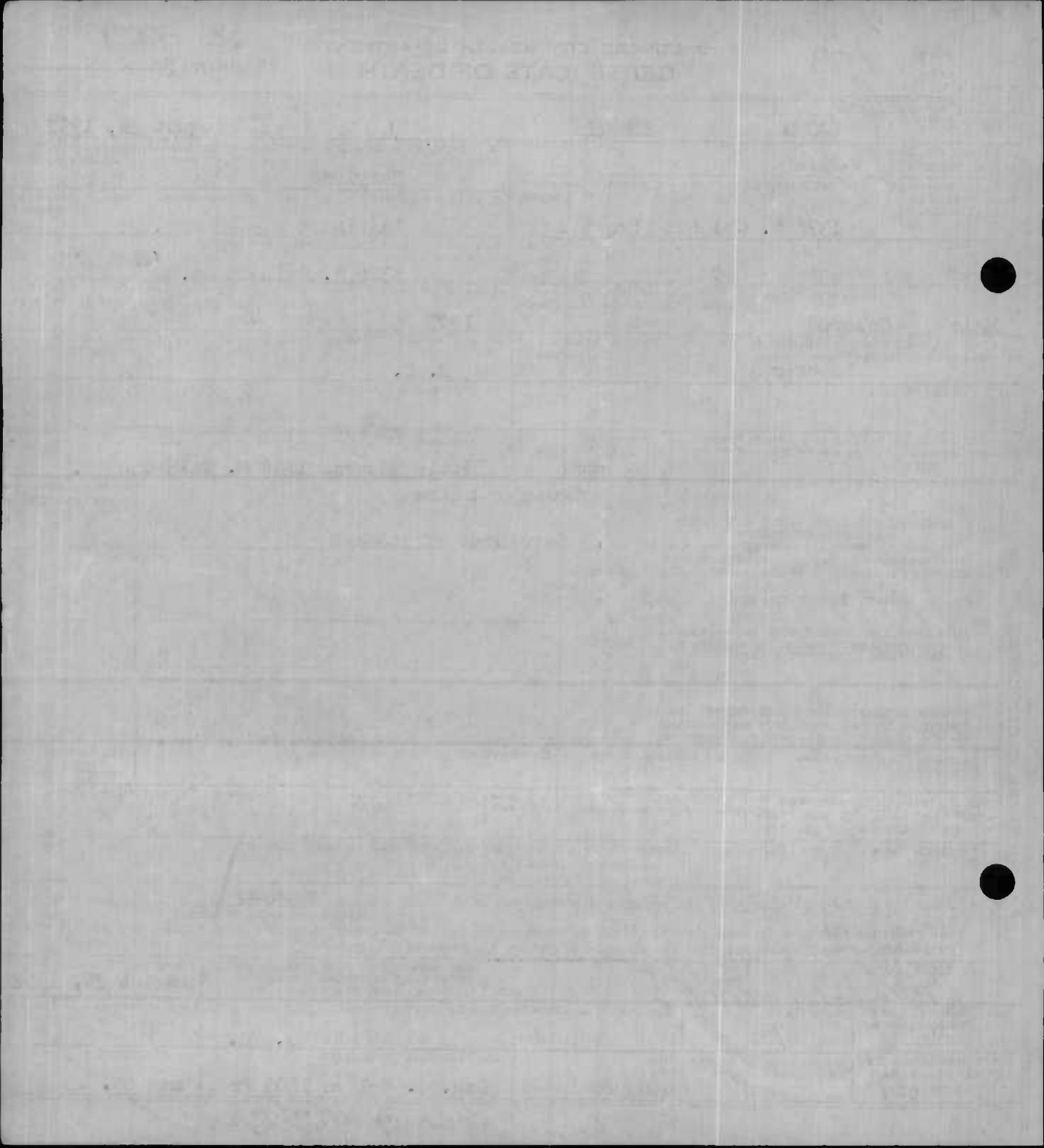
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of stomach DUE TO (A) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William H. Kelson</i>		23B. CHIEF MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED August 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8/28/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.
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MEDICAL CERTIFICATION



G-163
52 7980BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7980
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Barbara Gebhardt.</i>			2. DATE OF DEATH <i>8/26/52.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>4000 Duball Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>1008 E. 20th St.</i>			<i>9-08</i>		
5. SEX <i>female</i>			6. COLOR OR RACE <i>white</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>			8. DATE OF BIRTH <i>May 5, 1861</i>		
9. AGE (in years last birthday) <i>91</i>			10. BIRTHPLACE (State or foreign country) <i>Germany</i>		
11. CITIZEN OF WHAT COUNTRY?			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Gahr</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>Mr. George A. Gebhardt</i>			ADDRESS <i>1220 Elmridge Ave.</i>		

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage (X)</i> DUE TO (A) <i>Sudden</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) 		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>8/29/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/26/52</i> , 19 <i>52</i> , to <i>8/26/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8/26/52</i> , 19 <i>52</i> , and that death occurred at <i>9:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Halhauff Spritz</i> M. D.		23B. ADDRESS <i>3100 Garrison Blvd.</i>		23C. DATE SIGNED <i>8/26/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>8/29/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cem.</i>	
24D. LOCATION (City, town, or county) <i>Woodlawn, Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>2-27-1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Wm. J. Vickner</i>		24H. ADDRESS <i>1200 S. Baltimore</i>		24I. DATE RECEIVED BY LOCAL REGISTRAR <i>2-27-1952</i>	

Medical Examiner's Office notified immediately as deceased had not been treated prior.

NOT A MEDICAL EXAMINER'S CASE

William H. H. H.
M.D.
JUN 1907 MEDICAL EXAMINER

D-342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 52 7981

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James L. Didlake

2. DATE
OF
DEATH

8-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Lansdowne

D. STREET ADDRESS (If rural, give location)

2307 Walnut Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11-4-1919

9. AGE (In years
last birthday)

32

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Oil Company

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Didlake

14. MOTHER'S MAIDEN NAME

Marie Hoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

World War #2

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Betty A. Didlake - 2307 Walnut Ave.

18. 152X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Biliary Peritonitis

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TOCarcinoma, ampulla
of Duodenum

5 mos.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

Lobar pneumonia, left

5 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 8/2, 1952, to 8/25, 1952, that I last saw the
deceased alive on 8/25, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL / CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/29/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore
National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UG 27-1952

VS 150

Huntington Williams, M.D.

Dr. J. Pickner & Sons

682 66

Balto 17 Md.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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WASHINGTON, D. C.

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BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 7982
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MAE N. OSTRANDER

2. DATE
OF
DEATH

Aug. 26, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

868 Park Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

868 Park Ave. - Apt. 204 11-03

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct. 7, 1867

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Sargeant Ostrander

14. MOTHER'S MAIDEN NAME

Susana Nixon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Maude A. Kummer - 868 Park Ave.

18. **331X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage** **Immediate**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cerebral Arterio-sclerosis** **Years?**
DUE TO
(C) **Chronic Hypertension** **Years?**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan. 2, 1949** to **Aug. 26, 1952** that I last saw the deceased alive on **Aug. 26, 1952**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Frank N. G. den. M. D. 2701 N. Calvert St. Aug. 26, '52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

8/28/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

118-27-1952

Huntington Williams, M.D.

2 Km. J. Pickner & Sons

VS 150

Balto 17, Md.

MEDICAL CERTIFICATION

1942

RECEIVED
FEBRUARY 1942

1942

1942

D-655-
52 7983BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7983

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) W. HERBERT DRENNING		2. DATE OF DEATH August 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 12-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 127 E. North Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. R. R. Clerk		10B. KIND OF BUSINESS OR INDUSTRY Penna R. R.	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Richard Drenning		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Carl L. Reier, 618 Anneslie Road		ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO (A) Arteriosclerotic cardiovascular disease DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Wood</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>	23C. DATE SIGNED Aug. 26, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 8/28/52	24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
24D. LOCATION (City, town, or county) (State) York, Pennsylvania		

DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. G. G. Jr.</i>	ADDRESS 1217 St. Paul Street
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8007

27

RECEIVED BY THE
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
LAND OFFICE

1007

28

[Faint, mostly illegible text covering the body of the document, possibly a letter or report. The text is mirrored across the page, suggesting a bleed-through from the reverse side.]

M 246
52 7984BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7984
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mrs Jane Muckelroy</i>		2. DATE OF DEATH <i>8/25/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
D. STREET ADDRESS (If rural, give location) <i>24 Regester Avenue</i>		<i>5300</i>			
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>Jan. 20, 1877</i>		9. AGE (In years last birthday) <i>75</i>		10. UNDER 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Joshua Roberts</i>		14. MOTHER'S MAIDEN NAME <i>Mary Pauline Feller</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>24 Regester Avenue - 12</i> <i>Mrs Charles H. Burns</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Shade IV congestive failure & acute pulmonary edema.</i> DUE TO <i>Probable Myocardial Infarction, acute</i> DUE TO <i>Arteriosclerotic Cardio-vascular pt. and Hypertensive Cardio-vascular disease</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 hrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/25</i> , 19 <i>52</i> to <i>8/26</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>8/25</i> , 19 <i>52</i> and that death occurred at <i>2:5 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C.B. Adams Jr.</i>		23B. ADDRESS <i>University Hosp</i>		23C. DATE SIGNED <i>8/25/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>8/28/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>		ADDRESS <i>BALTO., 13, MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>AUG 27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		VS 150 <i>19520107901</i>	

DECLASSIFICATION AUTHORITY
DATE 10/10/2000 BY SP-10/10/2000

10/10/2000

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5616
AB- 8662152 7985BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7985
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

August Schreiber

2. DATE
OF
DEATH

August 25-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals-4940 Eastern Ave.

5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SingleYrs.
Mos.
Days

8. DATE OF BIRTH

June 3-1873

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY
box factory

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

William Schreiber

14. MOTHER'S MAIDEN NAME

Louise Seibert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

12hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24-1944 to 8-25-1952, that I last saw the
deceased alive on 8-25-1952, and that death occurred at 8:55PM, from the causes and on the date stated above.

23A. SIGNATURE

H. L. Brown

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

8-25-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

8/28/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

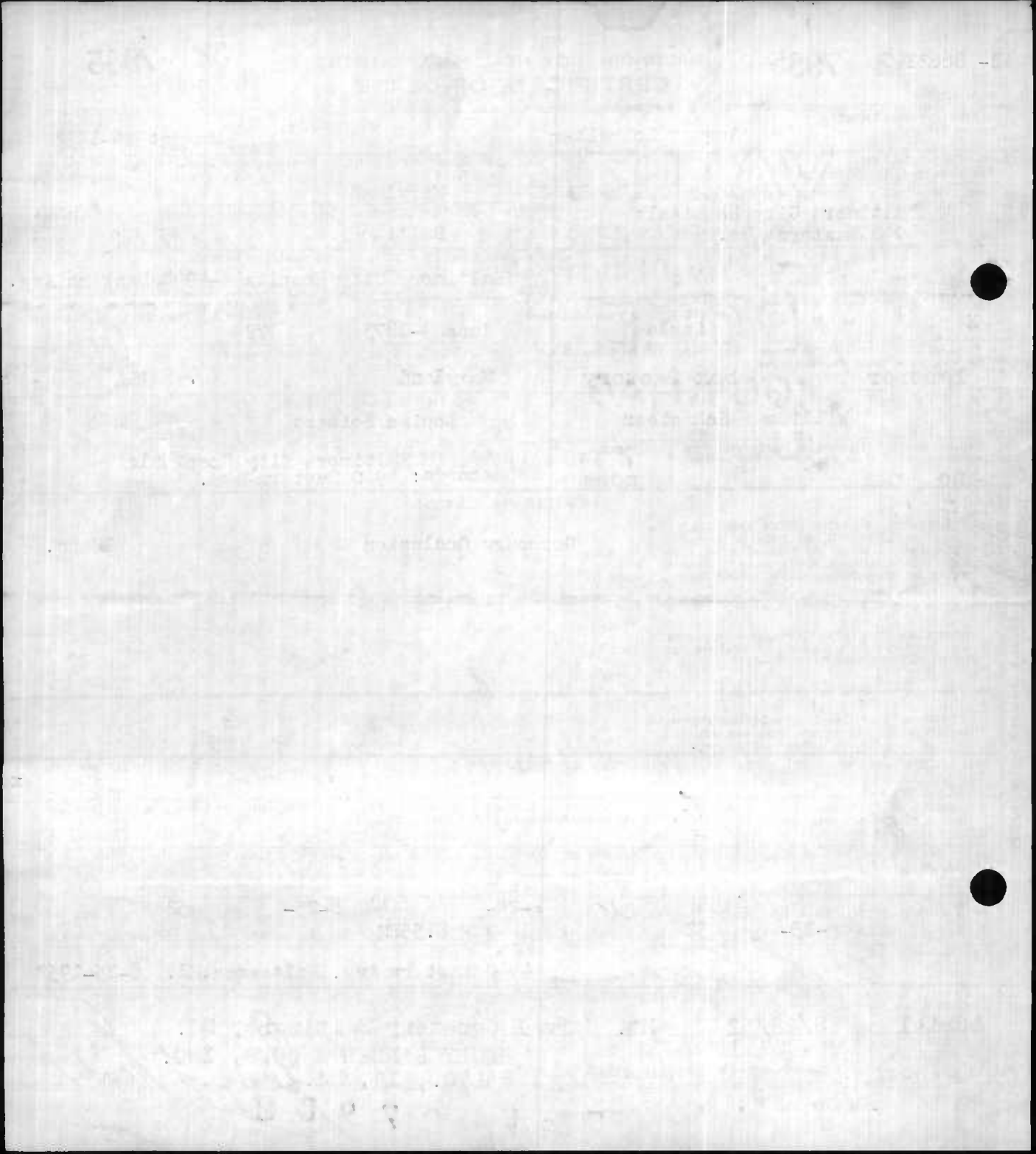
HENRY SANDER & SONS, INC.
BALTO., 13, Md. Henry J. Sander

ADDRESS

VS 150

RECEIVED

529007902



45
52 7986BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7986

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARL ALFERD WIKLUND

2. DATE
OF
DEATH August 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Canada

Lincoln

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

St. Catharine

D. STREET ADDRESS (If rural, give location)

152 Ontario St.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 3, 1911

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

hardware

13. FATHER'S NAME

Simon Wiklund

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF
WHAT COUNTRY?

Canada

14. MOTHER'S MAIDEN NAME

Ada Sabin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy Wiklund

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cirrhosis of liver

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

August 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

Page 10

CONFIDENTIAL

Page 10



350

52 7987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7987
Registered No.

BIRTH NO. 52-19945

1. NAME OF DECEASED
(Type or Print)

Joan Carol Guyton

2. DATE
OF
DEATH

8-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2.14 5300

INSTITUTION

D. STREET ADDRESS (If rural, give location)

3330 Willoughby Road

Length of stay in Baltimore

2 days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) 10. Under 1 Year 11. Under 24 Hours

Female

White

Single

8-25-52

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Maryland

U.S.A.

13. FATHER'S NAME

John Charles Guyton

14. MOTHER'S MAIDEN NAME

Eileen M. Bohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Mother

3330 Willoughby Rd. Baltimore 14 Md.

18. 760.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) GUE TO

intra cranial bleeding

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-25, 1952 to 8-27, 1952 that I last saw the deceased alive on 8-27, 1952 and that death occurred at 5:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lohelle Bakhair

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

8/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Aug 28-1952 Forest Hill

Towson Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AUG 27 1952

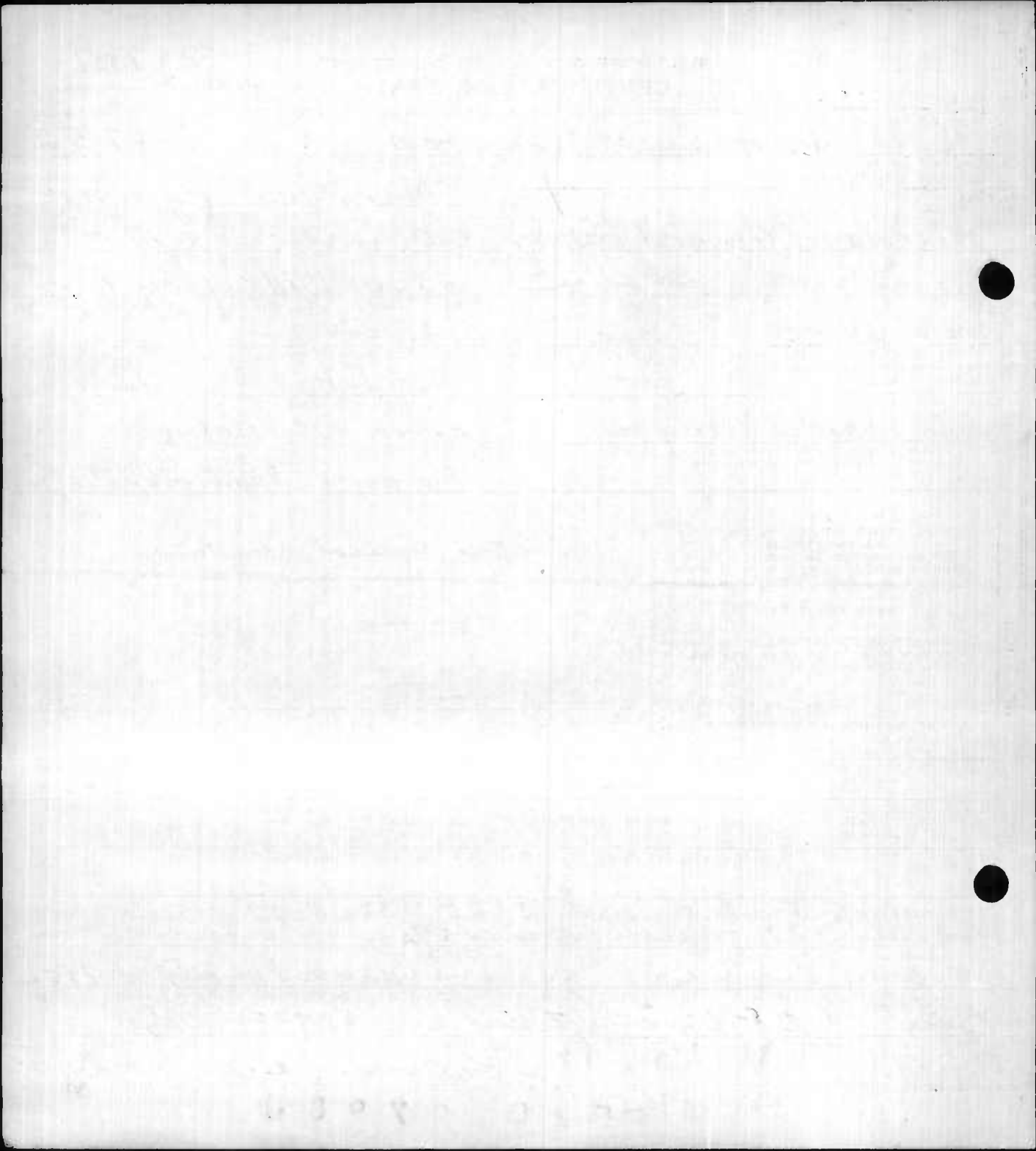
Huntington Williams, M.D.

John Burns 610 York Road

VS 150

19520007984

MEDICAL CERTIFICATION



52 7988

CERTIFICATE CORRECTED 9-16-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7988
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM S. F. ANGLIN

2. DATE
OF
DEATH

August 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Severn

D. STREET ADDRESS (If rural, give location)

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

Yrs.
Mos.
Days

8. DATE OF BIRTH

9/27/1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Self

13. FATHER'S NAME

Unknown

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No Yes

W.W. II

16. SOCIAL
SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

August 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8/30/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 E. Fort Avenue

V S 151

Qu. 3811-5
W. 118

p25
JL- 161538

52 7989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7989

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Viola Kirschnick

2. DATE
OF
DEATH

Aug. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

23-03

D. STREET ADDRESS (If rural, give location)

1507 Race St. -30

Length of stay in Baltimore

32 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Nov. 17, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWOMAN

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Conn.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Riley

14. MOTHER'S MAIDEN NAME

Caroline Perkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. Hosp. Records, 4940 Eastern Ave.

18. 171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

Cancer of Cervix, far advanced

(A)

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29-52, 1952, to Aug. 26, 1952, that I last saw the
deceased alive on Aug. 26, 1952 and that death occurred at 2.15am, from the causes and on the date stated above.

23A. SIGNATURE

C. D. Boyer, M.D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

8-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

8.28.52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltio.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Halligan, M.D., 305 7-8-52

1951, 10, 10

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1951, 10, 10

125

52 7990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7990

BIRTH NO.

1. NAME OF DECEASED (Type or Print) G. HOU RIFKIN		2. DATE OF DEATH 8-27-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3713 Dorchester Road		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
D. Length of stay in Baltimore Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 3713 Dorchester Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-17-94
9. AGE (In years last birthday) 58		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY Appliance	
13. FATHER'S NAME Nathan		14. MOTHER'S MAIDEN NAME Dena	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Silva Rifkin		ADDRESS same	
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Sudden	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		15 yr	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 1951 , to Aug. 27, 1952 , that I last saw the deceased alive on Aug. 26, 1952 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Joseph S. Blum M. O.		23B. ADDRESS 1115 N. Calver St.	
23C. DATE SIGNED 8/27/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 8-28-52	24C. NAME OF CEMETERY OR CREMATORY Cath T. Felo	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Jack Lewis Inc		ADDRESS 2100 Eastern Pk	

VS 150

52 799037 087

MEDICAL CERTIFICATION

100-1

52

1987



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7991
Registered No.

52 7991

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA M KERINS		2. DATE OF DEATH AUGUST 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 806 Walnut Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 806 Walnut Ave Balto. City	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 00		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md 28-04	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 806 Walnut Ave, Balto, Md.	
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) Single	8. DATE OF BIRTH April 3, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer (Retired)		9. AGE (In years last birthday) 69	
10B. KIND OF BUSINESS OR INDUSTRY Hutzler Bros.		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
13. FATHER'S NAME John C, Kerins		12. CITIZEN OF WHAT COUNTRY? U.S., A	
14. MOTHER'S MAIDEN NAME Elizabeth A, Dobbins		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 215-10-6335		17. INFORMANT ADDRESS Mary A. Kerins 806 Walnut Ave.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH HYPERTENSIVE + ARTERIO SCLEROTIC Cardiovascular Disease	INTERVAL BETWEEN ONSET AND DEATH 2+ YRS
I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	

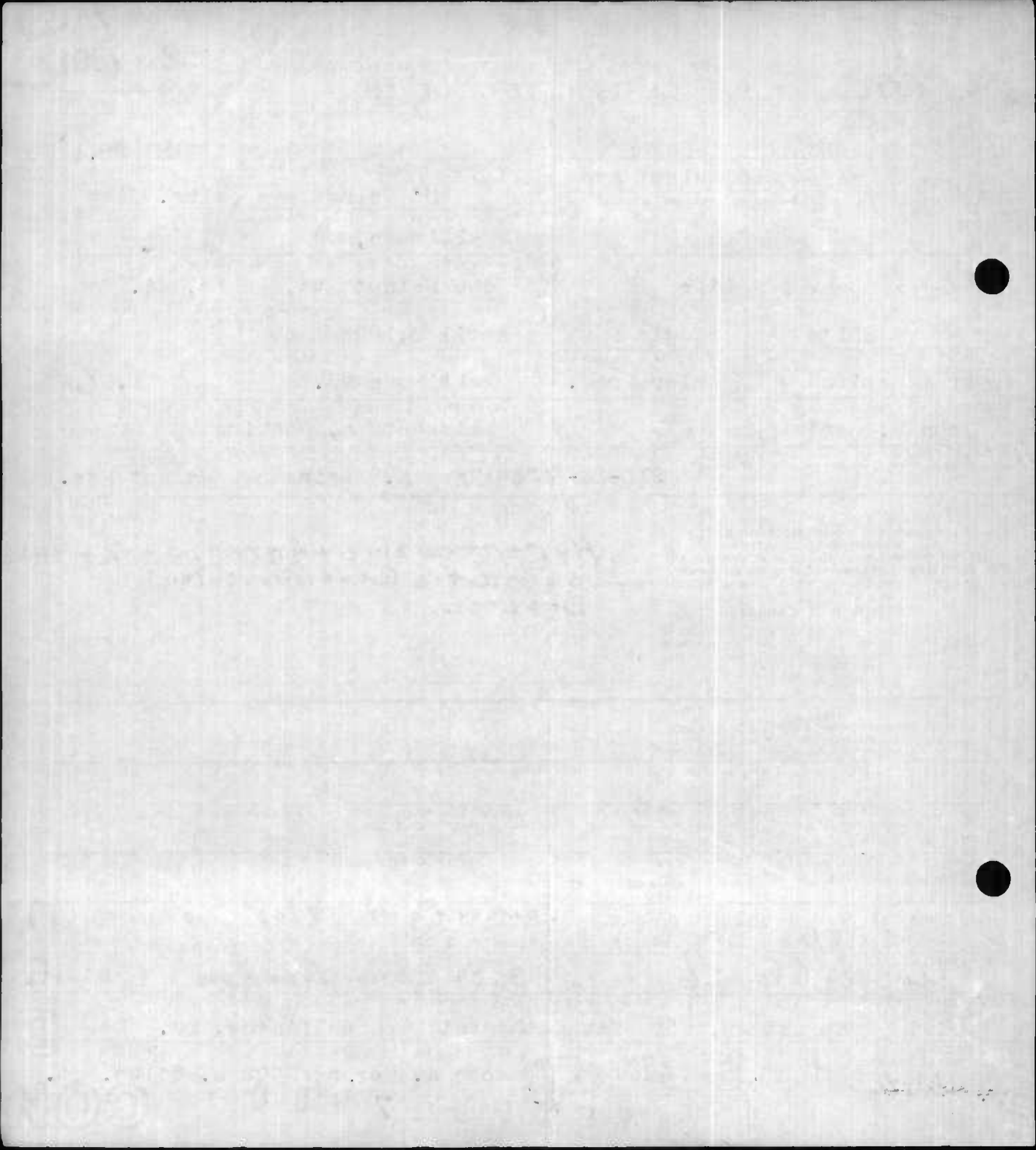
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 8/25	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JANUARY, 1947** to **8/25**, 1952 that I last saw the deceased alive on **8/25**, 1952 and that death occurred at **8:30** m., from the causes and on the date stated above.

23A. SIGNATURE John E. Moran	23B. ADDRESS 3629 Edmondson Ave	23C. DATE SIGNED 8/26/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE August 29, 1952	24C. NAME OF CEMETERY OR CREMATORY New Cathedral
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. (State)

DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.
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620

52 7892

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7892

BIRTH NO. 52-19065			
1. NAME OF DECEASED (Type or Print) NANCY SERGI		2. DATE OF DEATH August 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 31 Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-44	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3600 Roberts Place	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH August 18, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Benjamin Sergi		14. MOTHER'S MAIDEN NAME Mary Marchoni	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Benjamin Sergi		ADDRESS 3600 Roberts Place	

18. 754.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) Congenital heart disease

19. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED August 27, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE August 28 1952	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) German Hill Road Balto Co.

DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Baltimore St
---	--	---------------------------------------	---------------------------------

1913

5

STATE OF NEW YORK

IN SENATE

January 1, 1913

1

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
JANUARY 1, 1913

ALBANY: J.B. LIPPINCOTT COMPANY, PRINTERS
1913

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 7993**

52 7993
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM V. PAUZA		2. DATE OF DEATH August 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 38 University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03	
D. STREET ADDRESS (If rural, give location) 1125 W. Lombard St.		5. LENGTH OF STAY IN BALTIMORE Life Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4/4/1943
9. AGE (In years last birthday) 9 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy	11. BIRTHPLACE (State or foreign country) Baltimore
10B. KIND OF BUSINESS OR INDUSTRY none		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William V. Pauza Sr.		14. MOTHER'S MAIDEN NAME Olga A. Klishis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. William V. Pauza Sr. Lombard St.		ADDRESS 25 W.	

CAUSE OF DEATH

1B. **E 921.7 and 550.0**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxiation**
DUE TO **aspiration of vomitus**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Appendectomy**
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION August 27, 1952		19B. MAJOR FINDINGS OF OPERATION Appendectomy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) University Hospital 4/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY August 27, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Aspirated vomitus	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Pauza Sr.		23B. CHIEF MEDICAL EXAMINER M.D. John J. Towan		23C. DATE SIGNED August 27, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/30/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd.		24E. REGISTRAR'S SIGNATURE Huntington Williams		24F. FUNERAL DIRECTOR John J. Towan & Son	
24G. DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1952		24H. ADDRESS 25 W.			

STATE OF TEXAS
COUNTY OF DALLAS

1905

1905

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at the City of Dallas, this 1st day of January, 1905.

Notary Public in and for the State of Texas

320

52 7994

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 7994

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA LUDWIG		2. DATE OF DEATH Aug. 26. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 80 2806 Grindon Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-02	
D. STREET ADDRESS (If rural, give location) 2806 Grindon Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 29, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Koehler		14. MOTHER'S MAIDEN NAME Amelia Infanz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Wm. Ludwig, 2806 Grindon Avenue		ADDRESS	

18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Unemia		DUE TO		1 month	
ANTECEDENT CAUSES		(B) Arteriosclerosis		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from January 1952 to August 26, 1952, that I last saw the deceased alive on Aug 25, 1952, and that death occurred at 12:00 AM from the causes and on the date stated above.

23A. SIGNATURE Eugene J. Kelly		23B. ADDRESS 840 Park Avenue		23C. DATE SIGNED 8/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/30/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.	
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MEDICAL CERTIFICATION

1 4 5 2 0 0 0 7 9 9 1

103

RECEIVED
OFFICE OF THE
SECRETARY OF THE
NAVY

NOV 19 1908

TO THE SECRETARY OF THE NAVY
WASHINGTON, D. C.
FROM THE SECRETARY OF THE
NAVY
RECEIVED
NOV 19 1908

103

200
52 7995
BIRTH NO. *Don Res.*BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX
52 7995
Registered No.1. NAME OF DECEASED
(Type or Print)*Baby Boy Doss*2. DATE
OF
DEATH*Aug. 26, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *MDH - Prem Bur.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*JOHNS HOPKINS HOSPITAL*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

md.

B. COUNTY

*Berlin*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*North East**5700*

D. STREET ADDRESS (If rural, give location)

Rt. 1 West Grove

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*Aug 24, 1952*9. AGE (in years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.*2*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

*Margaret Doss*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *760.5*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Intracranial hemorrhage

(C)

INTERVAL BETWEEN
ONSET AND DEATH*37 hrs.*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8/24*, 1952 to *8/26*, 1952, that I last saw the
deceased alive on *8/26*, 1952, and that death occurred at *3.45 A.*, from the causes and on the date stated above.

23A. SIGNATURE

E. Vincent

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*AUG 28 1952**Huntington Williams, MD.*

25. FUNERAL DIRECTOR

ADDRESS

VS 150

*Hopetoe**Prepared 7992*

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased: *John Doe*

2. Sex: *Male*

3. Age: *45*

4. Date of death: *Jan 15 1950*

5. Time of death: *10:30 AM*

6. Place of death: *Home*

7. Cause of death: *Heart Disease*

8. Signature of physician: *Dr. J. Smith*

9. Signature of registrar: *John Doe*

10. Signature of informant: *John Doe*

352
52 7996BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7996

Registered No.

BIRTH NO. 52-22447

1. NAME OF DECEASED
(Type or Print)

Baby Boy Adams

2. DATE
OF
DEATH

Aug. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution; residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

20

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Alberta Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 776x I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

CAUSE OF DEATH

Prematurity

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 1952, to 8/25, 1952, that I last saw the
deceased alive on 8/25, 1952, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Vincent

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

AUG 28 1952
Hospital Disposal 0007003

CERTIFICATE OF DEATH

7-2-53

James

320

52 7997

Mattucci

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 7997

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN A. MATTUCCI

2. DATE
OF
DEATH

8/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Luthersan Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto 28-04

D. STREET ADDRESS (If rural, give location)

4901 Briarcliff Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

9/15/90

9. AGE (In years
last birthday)

61

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing Mfg.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mattucci

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

214 - 10-2485

17. INFORMANT

ADDRESS

Mrs. Enes A. Mattucci-4901 Briarcliff Rd.

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Acute Myocardial Infarction

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 8/24 1952, to 8/27 1952, that I last saw the
deceased alive on 8/21 1952, and that death occurred at 3:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony J. McLean

M. D.

23B. ADDRESS

Luthersan Hosp.

23C. DATE SIGNED

27 Aug - 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8/30/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem. Mausoleum Woodlawn, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tichenor & Son

AUG 28 1952

VS 150

1952-2-0259046

Balto. 17, Md.

MEDICAL CERTIFICATION

STATE OF TEXAS
COUNTY OF DALLAS
CITY OF DALLAS

4

9

160
52 7998BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 7998
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HAROLD B. EVERY

2. DATE OF DEATH
Aug. 25, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 1603 Argonne Drive4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-02D. STREET ADDRESS (If rural, give location)
1603 Argonne Drive

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 4, 1901

9. AGE (In years last birthday)

51

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
chief clerk10B. KIND OF BUSINESS OR STATE OF Md.
Comptrollers Office

11. BIRTHPLACE (State or foreign country)

Florida

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gaines O Bryant Every

14. MOTHER'S MAIDEN NAME

Lota Mae Hix

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
none16. SOCIAL SECURITY NO.
none17. INFORMANT ADDRESS
Mrs. Helen Bassford Every-1603 Argonne Dr.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial insufficiency 4 wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic coronary cardiac disease 5 yrs.
(3 coronary attacks)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Aug 25, 1952, that I last saw the deceased alive on 1952, and that death occurred at 11:27 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

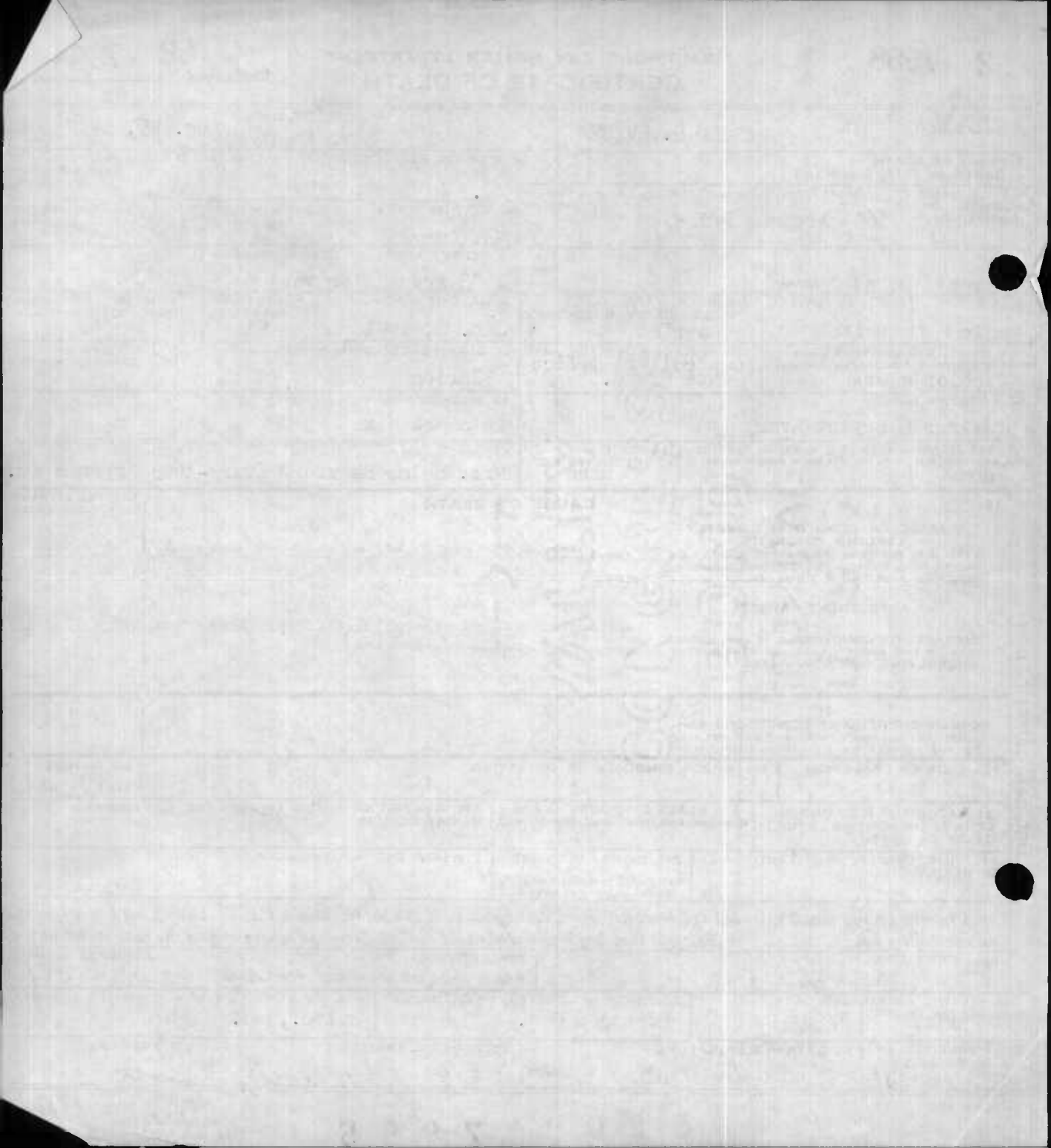
ADDRESS

VS 150

1952029092005

Balto 17, N

MEDICAL CERTIFICATION



520

52 7999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 7999

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOSEPH L. YOUNG		2. DATE OF DEATH Aug. 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1010 St. Paul St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1010 St. Paul St.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 15, 1891	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Motion Pictures		11. BIRTHPLACE (State or foreign country) Penna.	
13. FATHER'S NAME William Young		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 577-10-1933		14. MOTHER'S MAIDEN NAME ? Grace Mc Millan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) World War #1		17. INFORMANT ADDRESS Mrs. Isabelle K. Young - 1010 St. Paul St.			

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH suicide
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Previous myocardial infarction in 1946		6 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 7, 1946, to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 4:00 m., from the causes and on the date stated above.

23A. SIGNATURE <i>Amel Whitehouse</i>	23B. ADDRESS <i>1720 Euteria Ave.</i>	23C. DATE SIGNED <i>8/27/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 8-29-52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
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DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Pickens & Sons</i>	ADDRESS <i>Balto 17, Md.</i>
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5-4988R
Balto 17, Md.

MEDICAL CERTIFICATION

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page. The text appears to be organized into several paragraphs and possibly includes a list or table of items.]

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52 8000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 8000
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		E. BENENIA SHAWN		Aug. 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2206 Roslyn Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2206 Roslyn Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 25, 1866	9. AGE (In years last birthday) 85	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Augustus Wittman		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Emily F. Harrison	
17. INFORMANT		ADDRESS Miss Benenia W. Shawn-2206 Roslyn Ave.			
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 26, 1952 to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 9:30 m., from the causes and on the date stated above.					
23A. SIGNATURE George S. Watson		23B. ADDRESS 1101 St. Paul St.		23C. DATE SIGNED 8/27/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 8/28/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
				24D. LOCATION (City, town, or county) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR AUG 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD.		25. FUNERAL DIRECTOR Jm. J. Vickner & Sons	

5200079 Bldg 17, Md

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